STANDARD FORM 52 PREPARATION GUIDE

PURPOSE

This guide is intended to assist personnel involved in the preparation of the Standard Form 52 or SF 52b, Request for Personnel Action. The way in which personnel actions are processed for both full-time Army and Air employees must be standardized. This guide is not intended to be a directive of any kind, it is intended to provide helpful information as well as samples to assist you in the proper completion of SF 52s.

HOW TO USE THIS GUIDE

This guide is comprised of sample SF 52s and is arranged by actions that govern Technician Personnel. The Army AGR program does not use this instruction manual. Actions such as disciplinary actions have been intentionally omitted from the guide. If an action has occurred that is not outlined in this guide, please contact the Human Resource Office.

REFERENCES

The basic reference for processing personnel actions can be found in Federal Personnel Manual (FPM) 296-33. Additional information relating to completing SF 52s can be found in DEMA Directive 25-6, Human Resource Office Merit Placement Plan.

POLICY

The Human Resource Office requires <u>at least 10 working days prior to the effective</u> <u>date</u> of a personnel action. This requirement is outlined in the Human Resource Office Merit Placement Plan, para 7-3(e). Effective dates for all Technician (Army and Air) personnel actions **MUST** occur with the beginning of the technician pay periods. Effective dates for all Air/Army AGR **SHOULD** occur with the beginning of AGR pay periods (1st and 15th of each month). Exceptions to this policy can be addressed by contacting the Human Resource Office.

SAMPLE SF 52'S FOR TECHNICIAN PERSONNEL ACTIONS

CHANGE IN WORK SCHEDULE (for part-time, GRAD and full-time employees)

CHANGE TO LOWER GRADE

DETAIL

EXTEND DETAIL

LEAVE WITHOUT PAY – FROM USING MILITARY LEAVE

LEAVE WITHOUT PAY – MILITARY TRAINING

LEAVE WITHOUT PAY – PERSONAL REASONS

EXTEND LEAVE WITHOUT PAY

NAME CHANGE

PROMOTION

RETURN TO DUTY – TO USE MILITARY LEAVE

RETURN TO DUTY - FROM MILITARY TRAINING

RESIGNATION

SEPARATION

TEMPORARY APPOINTMENT NTE

EXTEND TEMPORARY APPOINTMENT

TERMINATE TEMPORARY PROMOTION

TERMINATE TEMPORARY APPOINTMENT

TERMINATION (MILITARY)

TIME OFF AWARD

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PART C - Review	ws and Approv	als (Not	to be us	sed by	y request	ing offic		COA C CUICI					
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PART D - Remarks by Reque (Note to Supervisors: Do you know of a		one for the employe	pa's resignation/retirement?	
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PART E - Employee Resignat	ion/Retirement			
		Privacy Act	Statement	
You are requested to furnish a spretirement and a forwarding addres any future decision regarding your and may also be used to determin compensation benefits. Your forw to mail you copies of any docume compensation to which you are enti-	 Your reason may be re-employment in the Fe ne your eligibility for ur arding address will be u ents you should have or 	considered in ederal service nemployment ised primarily	and agencies to issue regulations individuals in the Federal service and requires agencies to furnish the service to the Secretary connection with administration programs.	d their records, while section 8506 specific reason for termination of of Labor or a State agency in
This information is requested under 8506 of title 5, U.S. Code. Secti	authority of sections 30	11, 3301, and orize OPM	The furnishing of this information provide it may result in your not redocuments you should have; (2) pay (3) any unemployment compensation entitled.	eceiving: (1) your copies of those or other compensation due you; and
2. Effective Date 3. Your Signature		4. Date Signed	5. Forwarding Address (Number, Street, City	, State, ZIP Code)
PART F - Remarks for SF 50				

PART A - Rec	uestina Offic	e (Also co	omplete	Part E	3. It	ems 1.	7-22. 3	2. 33.	36. and	39.)					
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PART E - E	mployee Resignation/Retirement			
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PART F - R	l emarks for SF 50			

PART A - Requ 1. Actions Requested DETAIL NTE M	esting Office (A	•						36, and 3	9.)			quest Num AVE BL			
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В.						E.									
C.						F.									
Approval: I certify that the information entered on this form is accurate and that the proposed action is in compliance with statutory and regulatory requirements.						Signature e						Approv	al Date		

PART D - Remarks by Requesting Office (Note to Supervisors: Do you know of additional or conflicting		- I IYES I INO
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DETAILS DO NOT AFFECT THE EMPLOYE	E'S PAY.	
PART E - Employee Resignation/Retirement	D: A	
	•	t Statement
You are requested to furnish a specific reason for your retirement and a forwarding address. Your reason may any future decision regarding your re-employment in the and may also be used to determine your eligibility of compensation benefits. Your forwarding address will to mail you copies of any documents you should ha compensation to which you are entitled.	y be considered in ne Federal service or unemployment be used primarily	and agencies to issue regulations with regard to employment of individuals in the Federal service and their records, while section 8506 requires agencies to furnish the specific reason for termination of Federal service to the Secretary of Labor or a State agency in connection with administration of unemployment compensation programs.
This information is requested under authority of section 8506 of title 5, U.S. Code. Sections 301 and 3301		The furnishing of this information is voluntary; however, failure to provide it may result in your not receiving: (1) your copies of those documents you should have; (2) pay or other compensation due you; and (3) any unemployment compensation benefits to which you may be entitled.
2. Effective Date 2. Vous Signature	4 Data Signad	5. Enwarding Address (Number Street City State 7/8 Code)
2. Effective Date 3. Your Signature	4. Date Signed	5. Forwarding Address (Number, Street, City, State, ZIP Code)
PART F - Remarks for SF 50		
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PART A - Requested 1. Actions Requested EXTENSION C	esting Office (A										I MET	I		iest Num VE BL	
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12A. Basic Pay	12B. Locality Adj.	12C. Adj. Ba	sic Pay	12D. O	ther Pay	20A. Basi	c Pay	20B.	Locality A	Adj.	20C. A	Adj. Basic	Pay 2	20D. Oth	er Pay
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PART C - Revie	ws and Approv	vals <i>(Not</i>	to be u	sed b	y reque	sting offic		1 - 03A	o - Other						
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В.						E.									
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Approval: I certify proposed action is in co	that the information ompliance with statut					Signature								Approv	al Date

PART D - R	Remarks by Requesting Office				
(Note to Supervi	sors: Do you know of additional or conflicting reasonable "YES", please state these facts on a separate			YES	NO
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PART E - E	mployee Resignation/Retirement				
		Privacy Act	t Statement		
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retirement and	a forwarding address. Your reason may be	considered in	individuals in the Federal service and their re		
	ision regarding your re-employment in the Fe be used to determine your eligibility for ur		requires agencies to furnish the specific referred service to the Secretary of Laboratory		
compensation	benefits. Your forwarding address will be us	sed primarily	connection with administration of uner		
	opies of any documents you should have or	any pay or	programs.		
compensation	to which you are entitled.		The furnishing of this information is volun	tarv: howev	er, failure to
	on is requested under authority of sections 30		provide it may result in your not receiving:	(1) your co	pies of those
8506 of title	e 5, U.S. Code. Sections 301 and 3301 author	orize OPM	documents you should have; (2) pay or other (2)		
			(3) any unemployment compensation benefi entitled.	ts to which	you may be
			etermining possible unemployment benefits. Pleas		
2. Effective Date	3. Your Signature	4. Date Signed	5. Forwarding Address (Number, Street, City, State, ZI	P Code)	
PART F - R	emarks for SF 50				

PART A - Requ	uesting Office (-				7-22, 3	<i>2, 33,</i> 3	36, and 39	9.)			st Numb		
3. For Additional Infor		d Telephone No	ımber)	XI LE	EAVE					4.	Propose	d Effective DD-YY	ve Date	
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	ND TYPED NAME	•				l .			,	ORMALLY (MAND	∃R	
PART B - For Pre	•	0 (Use only	codes in	i FPM	Supplem	ment 292-1. Show all dates in month-day-year order.) 2. Social Security Number 3. Date of Birth 4. Effective Date								
I.M. EMPLOYI						123-45	•					D-YY		
FIRST ACTION							D ACTIO			_				
5-A. Code 5-B. Nature	e of Action					6-A. Code	6-B. Nature	e of Action						
5-C. Code 5-D. Legal Authority							6-D. Legal	Authority						
5-E. Code 5-F. Legal	Authority					6-E. Code 6-F. Legal Authority								
7. FROM: Position	Title and Number					15. TO: P	osition Tit	le and Numb	er					
BUDGET ANAI TCXXXXXXX MANNING DO	(IF KNOWN, CO	Ξ												
8. Pay Plan 9.0cc. Code GS 2122	10.Grade or Level 11.Ste	p or Rate 12. To	otal Salary		13.Pay Basis	8. Pay Plan	9.Occ. Code	18.Grade or Leve	19.Step or	Rate 20. Total S	Salary/	Award	3.Pay Basi	
12A. Basic Pay	12B. Locality Adj.	12C. Adj. Bas	sic Pay 12	2D. Oth	l ner Pay	20A. Basic	Pay	20B. Locality	Adj. 20	C. Adj. Basic P	ay 20	D. Othe	er Pay	
14. Name and Location	on of Position's Organ	 ization				22. Name	and Locatio	n of Position's	Organizati	on				
5636 E. MCD	NIT EMPLOYED OWELL ROAD Z 85008-3495	AT I.E. A	43F #2)	,										
EMPLOYEE DA														
23. Veterans Preference 1 - None 2 - 5-Point	ce 3 - 10-Point/Disabilit 4 - 10-Point/Comper		10-Point/0		-LI- /200/		0 - None	2 - Conditional	25. Agen	cy Use 26	_		f for RIF	
27. FEGLI	4 - 10-Foliti/Compei	isable 6	- 10-Point/C	ompensa	1DIE/30 %		ant Indicato			29	YES		NO	
						28. Annuitant Indicator 29. Pay Rate Determin								
30. Retirement Plan			31. Servic	e Comp.	Date (Leave)	32. Work 9	Schedule			33	. Part-	Time Ho Biweel Pay Pe	kly	
POSITION DAT 34. Position Occupied			35. FLSA	\ Cated	lory	126 4	i-ti CI	1-		107	Davas	-:-:	nit Ctatus	
1 - Competiti 2 - Excepted	ive Service 3 - SES	General ES Career	00.120	E - Exe		36. Approp	priation Cod	ie		37	. Barga	aining U	nit Status	
38. Duty Station Code			,	Station	n (City - Cou	,		s Location) NIX, MARI	COPA A	ARIZONA)				
40. Agency Data	41.	42.	J ,	000	43.	,	44.	, , , , , , , , , , , , , , , , , , , ,	00.7.,7					
45. Educational Level	46. Year Degree	Attained 47	\cademic F)ieciplin	e 48 Euncti	onal Class	49. Citiz	enshin	50 Veter	rans Status 51	Sunc	ervisory	Statue	
45. Educational Level	40. Teal Degree	Attained 47.7	ACCIONITIO E	ZIGCIPIII II	C 40. Tuncti	orial Class	\vdash	· USA 8 - Other	Joe. Veter			71 V13O1 y	Diatus	
PART C - Revie	ews and Appro	vals <i>(Not t</i>	o be us	ed by	request	ing offic	e.)	_			١.			
1. Office/Function	Initi	als/Signature			Date	Office	/Function		Initials/Si	gnature		Da	ate	
A.						D.								
В.						E.								
C.						F.								
Approval: I certif proposed action is in control.	y that the information compliance with status					Signature						Approva	al Date	

If "YES", please state these facts on a sepa		I IVES I INCO	
	THOUT PAY AF	TER HAVING USED 15 (30) DAYS MILITARY LEAVE. THIS	
LEAVE CODE FOR THE TIME CARD FOR TH	IS LWOP MUS	Т ВЕ KG.	
PART E - Employee Resignation/Retirement			
	Privacy Act		
You are requested to furnish a specific reason for your retirement and a forwarding address. Your reason may b any future decision regarding your re-employment in the l and may also be used to determine your eligibility for compensation benefits. Your forwarding address will be to mail you copies of any documents you should have compensation to which you are entitled.	e considered in Federal service unemployment used primarily	and agencies to issue regulations with regard to employment individuals in the Federal service and their records, while section 850 requires agencies to furnish the specific reason for termination Federal service to the Secretary of Labor or a State agency connection with administration of unemployment compensation programs.	06 of in
This information is requested under authority of sections 3 8506 of title 5, U.S. Code. Sections 301 and 3301 aut		The furnishing of this information is voluntary; however, failure provide it may result in your not receiving: (1) your copies of the documents you should have; (2) pay or other compensation due you; at (3) any unemployment compensation benefits to which you may entitled.	se nd
5		termining possible unemployment benefits. Please be specific and d of the day - midnight - unless you specify otherwise.)	
2. Effective Date 3. Your Signature	4. Date Signed	5. Forwarding Address (Number, Street, City, State, ZIP Code)	_
PART F - Remarks for SF 50			

PART D - Remarks by Requesting Office

PART A - Reques	sting Office <i>(Also co</i>	omplete Part	B. Items 1.	7-22. 3	2. 33.	36. and 39) . J			
Actions Requested	•	•					,		est Number	
	JT PAY-MIILTARY (ation Call (Name and Telepho		N 10 USE 1	5 DAYS I	VIILITAR	RY LEAVE)			VE BLANK sed Effective Date	
	SON TO CONTACT,								DD-YYYY	
5. Action Requested By	(Typed Name, Title, Signatu	re, and Request D	ate)	6. Action A	Authorized	by (Typed Nam	e, Title, Signat	ture, and Concur	rence Date)	
SIGNATURE AND	TYPED NAME, NORI	MALLY SUPER	RVISOR	SIGNA	TURE AI	ND TYPED N	NAME, NOR	MALLY COM	MANDER	
	aration of SF 50 (Use	only codes in	FPM Suppler							
1. Name (Last, First, Mid I.M. EMPLOYEE	•			2. Social Security Number 3. Date of Birth 4. Effective Date 123-45-6789 MM-DD-YYYY MM-DD-YYY						
FIRST ACTION				SECON		ON				
5-A. Code 5-B. Nature of	f Action			6-A. Code	6-B. Natur	e of Action				
5-C. Code 5-D. Legal Au	ithority			6-C. Code	6-D. Legal	Authority				
5-E. Code 5-F. Legal Aut	thority			6-E. Code	6-F. Legal	Authority				
7. FROM: Position Title BUDGET ANALY				15. TO: P	osition Ti	tle and Numb	er			
	F KNOWN, COMES O	FF THE FULL-	TIME							
	Grade or Level 11.Step or Rate	12. Total Salary	13.Pay Basi	8. Pay Plan	9.Occ. Code	18.Grade or Leve	19.Step or Rate	20. Total Salary	//Award 13.Pay Basi	
GS 2122 12A. Basic Pay 121	11 B. Locality Adj. 12C. Ad	lj. Basic Pay 120). Other Pay	20A. Basic	Pav	20B. Locality	Adi 200 4	Adj. Basic Pay 2	20D Other Pay	
127 t. Busio I dy	120.70	J. Buolo 1 uy 122	. Other ruy	2071. Busic	, ay	Zob. Loodiity /	(a).	taj. Baolo i ay	ob. Othor ray	
14. Name and Location of	of Position's Organization			22. Name	and Location	on of Position's	Organization			
OTAG-AZ (UNIT	T EMPLOYED AT I.E	E. AASF #2))								
PHOENIX, AZ										
EMPLOYEE DATA	^									
23. Veterans Preference	3 - 10-Point/Disability	5 - 10-Point/Oth	or	24. Tenure	e 0 - None	2 - Conditional	25. Agency U	J _{se} 26. Vet	erans Pref for RIF	
2 - 5-Point	4 - 10-Point/Compensable	6 - 10-Point/Cor			1 - Permaner	nt 3 - Indefinite		YE		
27. FEGLI				28. Annuit	ant Indicati	or		29. Pay	Rate Determinant	
30. Retirement Plan		31. Service	Comp. Date (Leave)	32. Work 9	Schedule			33. Par	t-Time Hours Per Biweekly	
									Pay Period	
POSITION DATA 34. Position Occupied		35. FLSA	Category	36. Approp	priation Cod	de		37. Bar	gaining Unit Status	
1 - Competitive S 2 - Excepted Ser			E - Exempt N - Nonexempt	, , , , , , , , , , , , , , , , , , ,	pridation co			J 77. 24.	jammig Orne Otatao	
38. Duty Station Code		,	Station (City - Co	,			2004 40	170114)		
40. Agency Data	41.	CITY, 0	COUNTY, ST	IAIE (I.E	. PHOE	NIX, MARIO	JOPA, AR	IZONA)		
40. Agency bata	71.	72.	140.		177.					
45. Educational Level	46. Year Degree Attained	47. Academic Dis	scipline 48. Func	tional Class	49. Citiz	zenship	50. Veterans	Status 51. Sup	pervisory Status	
DART C. Davies		l-4 4- h				- USA 8 - Other				
1. Office/Function	vs and Approvals (A		a by reques Date		/Function		Initials/Signat	ure	Date	
A .				D.						
				ļ					<u> </u>	
В.				E.						
C.				F.						
	hat the information entered			Signature					Approval Date	

OVER

•	If "YES", please state these facts		•	YES NO
USED WHEN E	MPLOYEE ENTERS MI	LITARY TRAINING.		
			TRAINING MUST BE ATTACHED T ENEFITS PRIOR TO DEPARTING	
LEAVE CODE	FOR TIME CARD IS: KO	3		
PART E - Emplo	yee Resignation/Retiren	nent		
,	,	Privacy Act	Statement	
retirement and a formany future decision rand may also be us compensation benefit	o furnish a specific reason warding address. Your reason egarding your re-employmen sed to determine your eligibits. Your forwarding addression any documents you shout the youlare entitled.	on may be considered in t in the Federal service ility for unemployment s will be used primarily	and agencies to issue regulations windividuals in the Federal service and the requires agencies to furnish the specefederal service to the Secretary of connection with administration of programs.	neir records, while section 8506 cific reason for termination of Labor or a State agency in
This information is re	equested under authority of s .S. Code. Sections 301 and 3		The furnishing of this information is provide it may result in your not receil documents you should have; (2) pay or (3) any unemployment compensation lentitled.	ving: (1) your copies of those other compensation due you; and
2. Effective Date 3. Yo	ur Signature	4. Date Signed	5. Forwarding Address (Number, Street, City, St	ate, ZIP Code)
	·			
PART F - Remai	rks for SF 50			
171111				

PART D - Remarks by Requesting Office

PART A - Reques	sting Office <i>(Also co</i>	omolete Part	B. Items 1.	7-22. 3	2. 33. 3	36. and 39	9 . J						
1. Actions Requested	•	•					,	·	uest Number				
	JT PAY NTE: (# DA ation Call (Name and Telepho	•	JAYS) FOR	PERSON	IAL KEA	ASONS			VE BLANK sed Effective Date				
	SON TO CONTACT,							'	DD-YYYY				
5. Action Requested By	(Typed Name, Title, Signatu	re, and Request D	ate)	6. Action A	Authorized I	by <i>(Typed Nam</i>	ne, Title, Signa	ture, and Concur	rence Date)				
SIGNATURE AND	TYPED NAME, NORI	MALLY SUPER	RVISOR	SIGNA	TURE AN	ND TYPED N	NAME, NOR	RMALLY COM	IMANDER				
PART B - For Prepa 1. Name (Last, First, Mid	eration of SF 50 (Use	only codes in	FPM Supplen				month-day						
I.M. EMPLOYEE				2. Social Security Number 3. Date of Birth 4. Effective Date 123-45-6789 MM-DD-YYYY MM-DD-YYYY									
FIRST ACTION					D ACTI								
5-A. Code 5-B. Nature of	f Action			6-A. Code 6-B. Nature of Action									
5-C. Code 5-D. Legal Au	ithority			6-C. Code	6-D. Legal	Authority							
5-E. Code 5-F. Legal Aut	thority			6-E. Code	6-F. Legal	Authority							
7. FROM: Position Title BUDGET ANALY				15. TO: P	osition Tit	le and Numb	er						
	F KNOWN, COMES O	FF THE FULL-	TIME										
	Grade or Level 11.Step or Rate	12. Total Salary	13.Pay Basis	8. Pay Plan	9.Occ. Code	18.Grade or Leve	I 19.Step or Rate	20. Total Salary	y/Award 13.Pay Basi				
GS 2122 12A. Basic Pay 121	11 B. Locality Adj. 12C. Ad	lj. Basic Pay 120). Other Pay	20A. Basic	: Pav	20B. Locality	Adi. 200. A	Adj. Basic Pay 2	20D. Other Pay				
127 t. Busio I dy	120.70	J. Buolo 1 uy 122	. Other ray	2071. Busic	, i u y	20D. Loodinty 7	200.7	taj. Badio i ay	10D. Othor ruy				
14. Name and Location of	•	!		22. Name	and Locatio	on of Position's	Organization						
OTAG-AZ (UNIT	T EMPLOYED AT I.E	E. AASF #2))											
PHOENIX, AZ													
EMPLOYEE DATA	Δ												
23. Veterans Preference	3 - 10-Point/Disability	5 - 10-Point/Oth	er	24. Tenure	e 0 - None	2 - Conditional	25. Agency l	Jse 26. Vet	terans Pref for RIF				
2 - 5-Point 27. FEGLI	4 - 10-Point/Compensable	6 - 10-Point/Cor			1 - Permaner	nt 3 - Indefinite			Rate Determinant				
Z7. FEGLI				28. Affilian	ant mulcate	וכ		29. Fay					
30. Retirement Plan		31. Service	Comp. Date (Leave)	32. Work \$	Schedule			33. Par	t-Time Hours Per Biweekly				
DOCUTION DATA									Pay Period				
POSITION DATA 34. Position Occupied		35. FLSA		36. Approp	oriation Cod	de		37. Bar	gaining Unit Status				
1 - Competitive S 2 - Excepted Ser			E - Exempt N - Nonexempt						-				
38. Duty Station Code		,	Station (City - Co	,		-		IZONA)					
40. Agency Data	41.	42.	COUNTY, ST	IAIE (I.E	44.	INIA, IVIANI	JOPA, AN	IZONA)					
45. Educational Level	46. Year Degree Attained	47. Academic Dis	scipline 48. Func	tional Class	49. Citiz	•	50. Veterans	Status 51. Sup	pervisory Status				
PART C - Review	│ vs and Approvals <i>(\</i> \	lot to be use	d by reques	tina offic		- USA 8 - Other							
1. Office/Function	Initials/Signati		Date		/Function		Initials/Signat	ture	Date				
Α.				D.									
В.				E.									
C.				F.									
	hat the information entered			Signature					Approval Date				

(Note to Supervi	If "YES", please state these facts on a separ		•	YES NO
EXPLAIN	·		NAL REASONS, I.E. RECOVER FROM SU	RGERY.
LEAVE CO	DDE ON TIME CARD IS: KA			
	PE OF LWOP WILL AFFECT AN EMP AN 80 HOURS (ONE PAY PERIOD).		HIN GRADE INCREASE WATING PERIOD,	IF LWOP IS
PART E - E	mployee Resignation/Retirement			
		Privacy Act	Statement	
retirement and any future dec and may also compensation to mail you co	sted to furnish a specific reason for your a forwarding address. Your reason may be ision regarding your re-employment in the F be used to determine your eligibility for ubenefits. Your forwarding address will be opies of any documents you should have to which you are entitled.	e considered in ederal service unemployment used primarily	and agencies to issue regulations with regar individuals in the Federal service and their record requires agencies to furnish the specific reason Federal service to the Secretary of Labor of connection with administration of unemplo programs.	ds, while section 8506 on for termination of r a State agency in
This information	on is requested under authority of sections 30 5, U.S. Code. Sections 301 and 3301 authority		The furnishing of this information is voluntary provide it may result in your not receiving: (1) documents you should have; (2) pay or other comp (3) any unemployment compensation benefits tentitled.	your copies of those pensation due you; and
2. Effective Date	3. Your Signature	4. Date Signed	5. Forwarding Address (Number, Street, City, State, ZIP Co	de)
PART F - R	emarks for SF 50			

PART D - Remarks by Requesting Office

PART A - Reques	sting Office <i>(Also co</i>	omplete Part	B. Items 1.	7-22. 3	2. 33. 3	36. and 39	9 . J						
Actions Requested		•			_,, .	, and 66	,	·	uest Number				
	E WITHOUT PAY NT tion Call (Name and Telepho	•	, I.E. 120 DA	(45)					VE BLANK sed Effective Date				
	SON TO CONTACT,							MM-	DD-YYYY				
5. Action Requested By (Typed Name, Title, Signatu	re, and Request D	ate)	6. Action A	Authorized I	by (Typed Nam	ne, Title, Signa	ture, and Concur	rence Date)				
SIGNATURE AND	TYPED NAME, NORI	MALLY SUPER	RVISOR	SIGNA	TURE AN	ND TYPED N	NAME, NOR	RMALLY COM	IMANDER				
PART B - For Prepa	ration of SF 50 (Use	only codes in	FPM Suppler		1. Show security Nur		month-day		ctive Date				
I.M. EMPLOYEE	·			123-45-6789 MM-DD-YYYY MM-DD-YY									
FIRST ACTION					D ACTI								
5-A. Code 5-B. Nature of	f Action			6-A. Code 6-B. Nature of Action									
5-C. Code 5-D. Legal Au	thority			6-C. Code 6-D. Legal Authority									
5-E. Code 5-F. Legal Aut	thority			6-E. Code 6-F. Legal Authority									
				S-L. Code 0-F. Legal Additionity									
7. FROM: Position Title				15. TO: P	osition Tit	tle and Numb	er						
BUDGET ANALYS TCXXXXXXXX (IF MANNING DOCU	KNOWN, COMES O	FF THE FULL-	TIME										
	Grade or Level 11.Step or Rate	12. Total Salary	13.Pay Basi	8. Pay Plan	9.Occ. Code	18.Grade or Leve	19.Step or Rate	20. Total Salary	y/Award 13.Pay Basi				
GS 2122 12A. Basic Pay 12B	11 B. Locality Adj. 12C. Ad	lj. Basic Pay	D. Other Pay	20A. Basic	Pav	20B. Locality	Adi 200 A	Adj. Basic Pay 2	20D Other Pay				
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14. Name and Location o	•	ļ		22. Name	and Location	on of Position's	Organization						
OTAG-AZ (UNIT	ΓEMPLOYED AT I.E	E. AASF #2))											
PHOENIX, AZ													
EMPLOYEE DATA	Δ												
23. Veterans Preference	3 - 10-Point/Disability	5 - 10-Point/Oth	er	24. Tenure	e 0 - None	2 - Conditional	25. Agency U	Jse 26. Vet	terans Pref for RIF				
2 - 5-Point 27. FEGLI	4 - 10-Point/Compensable	6 - 10-Point/Con	npensable/30%		1 - Permaner	nt 3 - Indefinite			Rate Determinant				
77.1202.				20.74	are maloute	51		20.14					
30. Retirement Plan		31. Service	Comp. Date (Leave)	32. Work	Schedule			33. Par	t-Time Hours Per Biweekly				
POSITION DATA									Pay Period				
34. Position Occupied 1 - Competitive S	Service 3 - SES General	35. FLSA	Category E - Exempt	36. Approp	priation Cod	de		37. Bar	gaining Unit Status				
2 - Excepted Ser			N - Nonexempt										
38. Duty Station Code		,	Station <i>(City - Co</i> COUNTY, S	,		-	COPA. AR	IZONA)					
40. Agency Data	41.	42.	43.	,	44.	,	,	,					
45. Educational Level	46. Year Degree Attained	47. Academic Dis	scipline 48. Func	tional Class	49. Citiz	enship	50. Veterans	Status 51. Sur	pervisory Status				
					1 -	- USA 8 - Other							
	s and Approvals (A								_				
1. Office/Function	Initials/Signatu	ire	Date	Office	/Function		Initials/Signat	ture	Date				
A.				D.									
В.				E.									
				F.									
C.				Signature									
	hat the information entered			ne Signature					Approval Date				

PART D - Remarks by Requesting Office (Note to Supervisors: Do you know of additional or conflicting reasons f	or the employe	e's resignation/retirement? YES NO
	AY IS BEIN	G EXTENDED. I.E., RECOVER FROM SURGERY, OR IF ARY TRAINING MUST ATTACH COPY OF AMENDED
LEAVE CODE FOR TIME CARD IS: KA *IF EXTEN	IDING FOR	R PERSONAL REASONS
KG *IF EXT	ENDING D	UE TO MILITARY TRAINING
PART E - Employee Resignation/Retirement	Driversy Act	Chahamana
Very service of the forming of the control of the c	Privacy Act	
You are requested to furnish a specific reason for your resig retirement and a forwarding address. Your reason may be con: any future decision regarding your re-employment in the Federa and may also be used to determine your eligibility for unem compensation benefits. Your forwarding address will be used to mail you copies of any documents you should have or an compensation to which you are entitled.	sidered in al service ployment primarily	and agencies to issue regulations with regard to employment of individuals in the Federal service and their records, while section 8506 requires agencies to furnish the specific reason for termination of Federal service to the Secretary of Labor or a State agency in connection with administration of unemployment compensation programs.
This information is requested under authority of sections 301, 3 8506 of title 5, U.S. Code. Sections 301 and 3301 authorized		The furnishing of this information is voluntary; however, failure to provide it may result in your not receiving: (1) your copies of those documents you should have; (2) pay or other compensation due you; and (3) any unemployment compensation benefits to which you may be entitled.
2. Effective Date 3. Your Signature 4.	Date Signed	5. Forwarding Address (Number, Street, City, State, ZIP Code)
PART F - Remarks for SF 50		

PART A - Requesting Office (Also	complete Part	B. Items 1.	7-22, 3,	2, 33, 3	36. and 39	9.)						
1. Actions Requested		,	,	, ,		,		est Number				
NAME CHANGE 3. For Additional Information Call (Name and Telep	nhone Number)							VE BLANK sed Effective Date				
NAME OF PERSON TO CONTAC							MM-	DD-YYYY				
5. Action Requested By (Typed Name, Title, Signal	ture, and Request D	Pate)	6. Action A	Authorized I	оу (Typed Nam	ne, Title, Signat	ture, and Concur	rence Date)				
SIGNATURE AND TYPED NAME, NO	RMALLY SUPEI	RVISOR	SIGNA	TURE AN	ND TYPED N	NAME, NOR	MALLY COM	MANDER				
PART B - For Preparation of SF 50 (Us 1. Name (Last, First, Middle)	e only codes in	FPM Supplen	nent 292-1			month-day		tive Date				
EMPLOYEES NEW NAME			123-45-		DD-YYYY							
FIRST ACTION			SECON									
5-A. Code 5-B. Nature of Action			6-A. Code 6-B. Nature of Action									
5-C. Code 5-D. Legal Authority			6-C. Code	6-D. Legal	Authority							
5-E. Code 5-F. Legal Authority			6-E. Code	6-F. Legal	Authority							
7. FROM: Position Title and Number BUDGET ANALYST			15. TO: P	osition Tit	le and Numb	er						
TCXXXXXXXX (IF KNOWN, COMES MANNING DOCUMENT)	OFF THE FULL	-TIME										
8. Pay Plan 9.Occ. Code 10.Grade or Level 11.Step or Rat	e 12. Total Salary	13.Pay Basis	8. Pay Plan	9.Occ. Code	18.Grade or Leve	19.Step or Rate	20. Total Salary	v/Award 13.Pay Basi				
GS 2122 11 12A. Basic Pay 12B. Locality Adj. 12C.	Adj. Basic Pay 12I	D. Other Pay	20A. Basic	Pay	20B. Locality A	 Adj. 20C. <i>A</i>	Adj. Basic Pay 2	OD. Other Pay				
,		•		·	·			·				
14. Name and Location of Position's Organization			22. Name a	and Locatio	n of Position's	Organization						
OTAG-AZ (UNIT EMPLOYED AT 5636 E. MCDOWELL ROAD	I.E. AASF #2))											
PHOENIX, AZ 85008-3495												
EMPLOYEE DATA			•									
23. Veterans Preference 1 - None 3 - 10-Point/Disability	5 - 10-Point/Oth			0 - None	2 - Conditional	25. Agency U		erans Pref for RIF				
2 - 5-Point 4 - 10-Point/Compensable 27. FEGLI	6 - 10-Point/Co	mpensable/30%	28. Annuita		t 3 - Indefinite or		29. Pay	Rate Determinant				
								<u> </u>				
30. Retirement Plan	31. Service	Comp. Date (Leave)	32. Work S	Schedule			33. Pari	-Time Hours Per Biweekly Pay Period				
POSITION DATA								1 dy 1 chod				
34. Position Occupied 1 - Competitive Service 3 - SES Genera	35. FLSA	Category E - Exempt	36. Approp	oriation Cod	le		37. Bar	gaining Unit Status				
2 - Excepted Service 4 - SES Care 38. Duty Station Code		N - Nonexempt Station (City - Co	unty - State	or Oversea	s Location)							
oo. Daily Station Soul	,	COUNTY, ST	,		-	COPA, AR	IZONA)					
40. Agency Data 41.	42.	43.		44.								
45. Educational Level 46. Year Degree Attained	ed 47. Academic Di	scipline 48. Funct	tional Class	49. Citiz	enship	50. Veterans	Status 51. Sup	pervisory Status				
	(2)				USA 8 - Other							
PART C - Reviews and Approvals 1. Office/Function Initials/Sign		d by request		<i>e.)</i> Function		Initials/Signat	ure	Date				
	aturo .	Duto	D.	ranouon		mitalo/ Olgride	uio	Buto				
A			Н									
В.			E.									
C.			F.									
Approval: I certify that the information enters proposed action is in compliance with statutory and action is in compliance with statutory and action is in compliance with statutory and action is in compliance.			e Signature					Approval Date				

NAME CH	If "YES", pleas	e state these facts on a separate	sheet and attach	to SF 52.)	
		MARRIAGE/DIVORCE			
		I.E. SMITH, GLORIA I			
NAIVIE CE	IANGED TO.	I.E. JONES, GLORIA	1.		
	ME CHANGES I		R DIVORCE	, A COPY OF THE MARRIAGE CERTIFICATE OR DIV	ORCE
**!!Q!!\!!	V DEOLIIDES A	CHANGE IN EMPLOY	EEQ DENIEE	IT DLANC	
USUALI	I NEQUINES A	CHANGE IN EMPLOT	EES BENEF	II FLANS	
PΔRT F - F	mnlovee Resign	ation/Retirement			
	p.o y oo 1100.g		Privacy Act	Statement	
You are reque	ested to furnish a s	specific reason for your res	signation or	and agencies to issue regulations with regard to emplo	yment of
retirement and any future dec and may also compensation to mail you c	I a forwarding addression regarding you be used to detern benefits. Your for	ess. Your reason may be or r re-employment in the Fed nine your eligibility for une warding address will be use nents you should have or	onsidered in eral service employment ed primarily	individuals in the Federal service and their records, while sec requires agencies to furnish the specific reason for term Federal service to the Secretary of Labor or a State connection with administration of unemployment con programs.	tion 8506 ination of agency in
This information	on is requested unde	er authority of sections 301 ctions 301 and 3301 author	, 3301, and ize OPM	The furnishing of this information is voluntary; however, provide it may result in your not receiving: (1) your copies documents you should have; (2) pay or other compensation du (3) any unemployment compensation benefits to which yo entitled.	s of those e you; and
1 Resease for	or Resignation/Retire	ament (NOTE: Vour reasons	are used in de	termining possible unemployment benefits. Please be specific an	d
	2 Vour Signature				
2. Effective Date	3. Tour Signature		4. Date Signed	5. Forwarding Address (Number, Street, City, State, ZIP Code)	
2. Effective Date	3. Tour Signature		4. Date Signed	5. Forwarding Address (Number, Street, City, State, ZIP Code)	
2. Effective Date	3. Tour Signature		4. Date Signed	5. Forwarding Address (Number, Street, City, State, ZIP Code)	
			4. Date Signed	5. Forwarding Address (Number, Street, City, State, ZIP Code)	
	Remarks for SF 5		4. Date Signed	5. Forwarding Address (Number, Street, City, State, ZIP Code)	
			4. Date Signed	5. Forwarding Address (Number, Street, City, State, ZIP Code)	_
			4. Date Signed	5. Forwarding Address (Number, Street, City, State, ZIP Code)	_
			4. Date Signed	5. Forwarding Address (Number, Street, City, State, ZIP Code)	_
			4. Date Signed	5. Forwarding Address (Number, Street, City, State, ZIP Code)	
			4. Date Signed	5. Forwarding Address (Number, Street, City, State, ZIP Code)	
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			4. Date Signed	5. Forwarding Address (Number, Street, City, State, ZIP Code)	
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			4. Date Signed	5. Forwarding Address (Number, Street, City, State, ZIP Code)	
			4. Date Signed	5. Forwarding Address (Number, Street, City, State, ZIP Code)	
			4. Date Signed	5. Forwarding Address (Number, Street, City, State, ZIP Code)	
			4. Date Signed	5. Forwarding Address (Number, Street, City, State, ZIP Code)	

PART D - Remarks by Requesting Office

1. Actions			fice (A	l/so c	omple	ete P	art B,	. Ite	ems 1,	7-22, 3	32	2, 33, .	36, a	nd 3	9.)				quest Nun AVE BI	
3. For Add	litional Info	rmation Call (Na RSON TO		•			·											4. Prop	oosed Effec	tive Date
		By (Typed Nam						J		6. Action	Αι	ıthorized	by (Tyr	ed Nar	ne. Title	e. Siana	ture. a			
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SIGNA	TURE A	ND TYPED	NAME	, NOR	MALL	Y SU	PERVI	ISOF	R	SIGNA	ΑT	URE A	ND TY	PED	NAME	, NOR	MAL	LY CO	MMANE	DER
PART B 1. Name (L		eparation of	SF 50) (Use	only o	codes	in FP	M S	upplem	ent 292				ates ii		th-day		_	.) ective Dat	-0
	.ası, rıısı, MPLOY									123-45-6789 MM-DD-YYYY MM-DD-Y										
FIRST										SECOND ACTION										
5-A. Code	5-B. Natur	e of Action								6-A. Code 6-B. Nature of Action										
5-C. Code	5-D. Legal	Authority								6-C. Code 6-D. Legal Authority										
5-E. Code	5-F. Legal	Authority								6-E. Code 6-F. Legal Authority										
7. FROM:	7. FROM: Position Title and Number								15. TO:	Po	sition Ti	tle and	Numb	er						
TCXX	XXXXX	RSONNEL C ((IF KNOW) CUMENT)			FF TH	IE FU	LL-TIN	ИΕ		TCXX	(X	IER EX/ XXXXX NG DOO	X (IF I	KNOW	N, CC	OMES	OFF	FULL-	ГІМЕ	
8. Pay Plan GS	9.0cc. Code 0204								3.Pay Basis	8. Pay Plan GS		Occ. Code 3125	1	e or Leve	19.Ste	p or Rate	20. T	Total Sala	ary/Award	13.Pay Bas
12A. Basic	: Pay	12B. Locality Ac	dj.	12C. A	dj. Basi	c Pay	12D. C	Other	Pay	20A. Bas	sic I	Pay	20B. L	ocality.	Adj.	20C. /	Adj. Ba	asic Pay	20D. Ot	her Pay
14. Name	and Location	 on of Position's	: Organiz	zation						22. Name	e ar	nd Locatio	on of Po	sition's	Organ	ization				
OTAG-AZ (UNIT EMPLOYED AT - I.E. AASF #2) 5636 E. MCDOWELL ROAD PHOENIX, AZ 85008-3495 *POSITION EMPLOYEE IS CURRENTLY IN**							5636 PHO	EN	AZ (UN . MCDO NIX, AZ TON E	OWE 2 850	LL R0 08-34)AD 195				σ,				
EMPLO																			_	
	1 - None	3 - 10-Point				10-Poin			1000/	24. Tenu	0	- None		nditiona	25. A	gency l	Jse			ref for RIF
27. FEGLI	2 - 5-Point	4 - 10-Point	/Compen:	sable	6 -	10-Poin	t/Comper	nsable	9/30%	1 - Permanent 3 - Indefinite YES 28. Annuitant Indicator 29. Pay F						NO eterminant				
30. Retiren	nent Plan					31. Sei	rvice Com	np. Da	ate (Leave)						Biwe					
POSITI 34. Positio							CA C-+			1										
	1 - Competit 2 - Excepted	ive Service	3 - SES (General S Career		35. FL		Exemp		36. Appro	opr	ration Cod	de					37. B	argaining	Unit Status
38. Duty S	· ·		4 - 3L	3 Career		39. D			<u> </u>	unty - State	e o	r Oversea	as Locai	tion)						
						CIT	Y, CO	UN	TY, ST	ATE (I.I	Ε.	PHOE	NIX, I	MARI	COP	A, AR	IZON	NA)		
40. Agenc	y Data	41.			42.			4	13.			44.								
45. Educat	ional Level	46. Year	Degree A	Attained	47. A	cademi	c Discip	line 4	18. Funct	ional Class		49. Citiz	zenship - USA 8	3 - Other	_	eterans	Status	s 51. S	upervisor	y Status
PART (C - Revi	ews and A	pprov	als (/	Vot to	be u	ısed b	by r	equest	ing offic	ce	.)								
1. Offic	e/Function		Initia	ls/Signat	ture			D	ate	Offic	e/F	unction			Initia	ls/Signat	ure			Date
Α.										D.										
В.								E												
C.										F.										
	Approval: I certify that the information entered on this form is accurate and thoposed action is in compliance with statutory and regulatory requirements.							nd that the	Signature									Appro	val Date	

PART D - Remarks by Requesting Office (Note to Supervisors: Do you know of additional or conflicting reasing "YES", please state these facts on a separation of the state of t		
		N TO THE NEXT GRADE (ATTENTION SUPERVISORS!! THE EMPLOYEE IS ELIGIBLE FOR PROMOTION)
	OR	
PROMOTION DUE TO RECLASSIFICATION O RELEASE, THE RELEASE NUMBER [I.E. CRA		ESCRIPTION. (MUST REFERENCE NGB-HR-EC PD XX JAN 00])
	OR	
BASED ON DESK AUDIT, PER AZAA-HRM-CL	, DTD DD-MM-	YYYY.
PART E - Employee Resignation/Retirement		
	Privacy Act	Statement
You are requested to furnish a specific reason for your retirement and a forwarding address. Your reason may be any future decision regarding your re-employment in the F and may also be used to determine your eligibility for a compensation benefits. Your forwarding address will be a to mail you copies of any documents you should have a compensation to which you are entitled.	e considered in ederal service unemployment used primarily	and agencies to issue regulations with regard to employment of individuals in the Federal service and their records, while section 8506 requires agencies to furnish the specific reason for termination of Federal service to the Secretary of Labor or a State agency in connection with administration of unemployment compensation programs.
This information is requested under authority of sections 30 8506 of title 5, U.S. Code. Sections 301 and 3301 authority of sections 301		The furnishing of this information is voluntary; however, failure to provide it may result in your not receiving: (1) your copies of those documents you should have; (2) pay or other compensation due you; and (3) any unemployment compensation benefits to which you may be entitled.
2. Effective Date 3. Your Signature	4. Date Signed	5. Forwarding Address (Number, Street, City, State, ZIP Code)
PART F - Remarks for SF 50		
FANT F - Netflarks for SF 50		

PART A - Reque	esting Office (A	Also comp	lete Pa	art B,	Items 1,	7-22, 3	2, 33,	36, and 39	9.)					
Actions Requested RETURN TO D	NITY - TO USE	: ΜΙΙ ΙΤΔΡ\	/ I F Δ\	/ =							uest Num			
3. For Additional Inform				<u> </u>							osed Effect			
NAME OF PER	SON TO CON	TACT, 267	-XXXX	•						MM	-DD-Y	YYY		
5. Action Requested By	ı (Typed Name, Title,	. Signature, an	d Reques	t Date)		6. Action A	Authorized	by (Typed Nam	ne, Title, Sign	ature, and Concu	rrence Da	ite)		
SIGNATURE AN	D TYPED NAME	, NORMALI	_Y SUP	ERVIS	SOR	SIGNA	TURE A	ND TYPED I	NAME, NO	RMALLY COM	/MAND	ER		
PART B - For Prep		O (Use only	codes	in FPN	1 Supplem		1. Show Security Nur		month-da 3. Date of E) ctive Date			
1. Name (Last, First, M. I.M. EMPLOYE						123-45	-DD-Y							
FIRST ACTION						123-45-6789 MM-DD-YYYY MM-DD-YYYY SECOND ACTION								
5-A. Code 5-B. Nature	of Action					6-A. Code 6-B. Nature of Action								
5-C. Code 5-D. Legal A	authority					6-C. Code 6-D. Legal Authority								
5-E. Code 5-F. Legal A	uthority					6-E. Code 6-F. Legal Authority								
7. FROM: Position Ti	tle and Number					15. TO: P	Position Tit	tle and Numb	er					
MILITARY PERS TCXXXXXXXX (MANNING DOC	E													
8. Pay Plan 9.Occ. Code 10 GS 0204	0.Grade or Level 11.Step	o or Rate 12. To	otal Salary	у	13.Pay Basis	8. Pay Plan	9.Occ. Code	18.Grade or Leve	19.Step or Ra	te 20. Total Salaı	y/Award	13.Pay Basi		
12A. Basic Pay 1	2B. Locality Adj.	12C. Adj. Bas	sic Pay 1	12D. Otl	her Pay	20A. Basic	Pay	20B. Locality	Adj. 20C.	Adj. Basic Pay	20D. Oth	er Pay		
14. Name and Location	of Position's Organi	zation				22 Name	and Lagatic	on of Position's	Organization					
5636 E. MCDC PHOENIX, AZ *POSITION EN	85008-3495	URRENTL	.Y IN**											
EMPLOYEE DAT						- 			,	100.17		((DIE		
23. Veterans Preference	3 - 10-Point/Disabilit		- 10-Point/		-LI- /200/	24. Tenure 0 - None 2 - Conditional 1 - Permanent 3 - Indefinite						_		
2 - 5-Point 27. FEGLI	4 - 10-Point/Comper	isable 6	- 10-Point/	Compens	able/30%		tant Indicate				ES y Rate De	NO eterminant		
30. Retirement Plan			31. Serv	ice Comp	. Date (Leave)	32. Work \$	Schedule			33. Pa	rt-Time H Biwee Pay P	ekly		
POSITION DATA 34. Position Occupied	A			SA Cate										
1 - Competitive 2 - Excepted S		General S Career	35. FL3	¬ E-E×	gory kempt onexempt	36. Appro	priation Cod	de		37. Ba	rgaining C	Jnit Status		
38. Duty Station Code	iel vice 4 - 31	-S Caleel		ty Statio	on (City - Cou	•		as Location) NIX, MARIO		PIZONA)				
40. Agency Data	41.	42.	CITI	, 000	43.	A1L (I.L	44.	INIX, IVIAIXI	001 A, AI	(IZOINA)				
45. Educational Level	46. Year Degree	Attained 47.	Academic	Disciplin	ne 48. Funct	ional Class	49. Citiz	enship - USA 8 - Other	50. Veteran	s Status 51. Su	pervisory	Status		
PART C - Review	1		o be us	sed by	-									
1. Office/Function	Initia	als/Signature			Date	Office	/Function		Initials/Signa	ature		Date		
A.						D.								
В.						E.								
C.						F.								
Approval: I certify proposed action is in co				Signature					Approv	al Date				

	5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
	sors: Do you know of additional or conflicting re If "YES", please state these facts on a sep			YES NO
EMPLOYE LEAVE.	E IS ON TITLE 10/32 AGR TOUR C	R JCNTF AND	IS REQUESTING TO USE 15 DA	AYS (OR 30) MILITARY
NOTE: TH	IESE 52'S MUST BE FORWARDED E. FAILURE TO SUBMIT PRIOR TO ID MAY ALSO RESULT IN ACTION	TIME CARD W	ILL RESULT IN EMPLOYEE NO	T RECEIVING MILITARY
PART E - Ei	mployee Resignation/Retirement			
	-	Privacy Act	Statement	
retirement and any future deci and may also compensation I to mail you co	sted to furnish a specific reason for your a forwarding address. Your reason may be sion regarding your re-employment in the be used to determine your eligibility for benefits. Your forwarding address will be opies of any documents you should have o which you are entitled.	pe considered in Federal service unemployment used primarily	and agencies to issue regulations individuals in the Federal service an requires agencies to furnish the Federal service to the Secretary connection with administration programs.	d their records, while section 8506 specific reason for termination of of Labor or a State agency in
This information	n is requested under authority of sections 5, U.S. Code. Sections 301 and 3301 au	301, 3301, and thorize OPM	The furnishing of this information provide it may result in your not r documents you should have; (2) pay (3) any unemployment compensationtitled.	eceiving: (1) your copies of those or other compensation due you; and
2. Effective Date	3. Your Signature	4. Date Signed	5. Forwarding Address (Number, Street, Cit	y, State, ZIP Code)
	3. Your Signature emarks for SF 50	4. Date Signed	5. Forwarding Address (Number, Street, Cit	v, State, ZIP Code)

PART A - Requ 1. Actions Requested RETURN TO I	esting Office (ltems 1,	7-22, 3	<i>2, 33,</i> 3	36, and 39	9.)			est Numl		
3. For Additional Inform		d Telephone N	umber)	110						4.	Propos	ed Effection	ve Date	
5. Action Requested B		•		Date)		6. Action A	Authorized b	y (Typed Nam	ne, Title, Sig	gnature, and C				
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	ND TYPED NAME	,							•	ORMALLY (MANDI	=R	
PART B - For Pre 1. Name (Last, First, M	•	U (Use only	coaes II	n FPIVI	Supplem		ecurity Num		3. Date of			ive Date		
I.M. EMPLOYE	ΞE					123-45-6789 MM-DD-YYYY MM-DD-YYYY								
FIRST ACTION						SECOND ACTION								
5-A. Code 5-B. Nature	e of Action					6-A. Code 6-B. Nature of Action								
5-C. Code 5-D. Legal	Authority					6-C. Code 6-D. Legal Authority								
5-E. Code 5-F. Legal A	Authority					6-E. Code	6-F. Legal	Authority						
7. FROM: Position T	itle and Number					15. TO: P	osition Tit	le and Numb	er					
	SONNEL CLERK (IF KNOWN, COI CUMENT)		HE FULI	L-TIME	E									
8. Pay Plan 9.Occ. Code		p or Rate 12. T	otal Salary		13.Pay Basis	8. Pay Plan	9.Occ. Code	18.Grade or Leve	19.Step or	Rate 20. Total	Salary	/Award	13.Pay Basi	
GS 0204 12A. Basic Pay	05 12B. Locality Adj.	12C. Adj. Ba	sic Pay 1	2D. Oth	ner Pay	20A. Basic	: Pay	20B. Locality	Adj. 20	C. Adj. Basic F	Pay 2	OD. Oth	er Pay	
14. Name and Location	•					22. Name	and Locatio	n of Position's	Organizatio	on				
OTAG-AZ (UNIT EMPLOYED AT - I.E. AASF #2) 5636 E. MCDOWELL ROAD PHOENIX, AZ 85008-3495														
EMPLOYEE DA	TA													
23. Veterans Preference	3 - 10-Point/Disabilit		- 10-Point/C				0 - None	2 - Conditional	25. Agen	cy Use 26	_		f for RIF	
2 - 5-Point 27. FEGLI	4 - 10-Point/Comper	nsable 6	- 10-Point/C	compensa	able/30%	1 - Permanent 3 - Indefinite YES 28. Annuitant Indicator 29. Pay Rate I						NO		
						23. Fay hate D								
30. Retirement Plan			31. Servio	ce Comp.	. Date (Leave)	32. Work \$	Schedule			33	3. Part	Time Ho Biwee Pay Po	kly	
POSITION DAT	Ά			A C-+		1								
1 - Competition 2 - Excepted		General ES Career	35. FLS.	E - Ex		36. Approp	priation Cod	е		37	7. Barg	aining U	nit Status	
38. Duty Station Code		-5 Career	39. Duty		n <i>(City - Cou</i>	 ınty - State	or Oversea:	s Location)						
			CITY,	COL	JNTY, ST	ATE (I.E	. PHOE	NIX, MARI	COPA, A	ARIZONA)				
40. Agency Data	41.	42.			43.		44.							
45. Educational Level	46. Year Degree	Attained 47.	Academic I	Disciplin	e 48. Functi	ional Class	49. Citize	·	50. Veter	ans Status 5	1. Sup	ervisory	Status	
PART C - Revie	we and Annro	vals (Not t	o ho us	ad hi	, roquest	ina offic		USA 8 - Other						
1. Office/Function	1	vais <i>(ivot t</i> als/Signature	o pe us	eu by	Date		/Function		Initials/Si	gnature		D	ate	
Α.						D.				-				
В.						E.								
С.						F.								
Approval: I certify proposed action is in certify proposed.	y that the information compliance with statut		Signature						Approva	al Date				

PART D - Remarks by Requesting Office (Note to Supervisors: Do you know of additional or conflicting reas	sons for the employe	ee's resignation/retirement?	Dyro	
If "YES", please state these facts on a separ			YES	NO
EMPLOYEE IS RETURNING TO DUTY FROM	MILITARY IRA	AINING.		
TRAINING ORDERS (AND ANY AMENDMENT) MUST BE ATTACHED TO SF 52 AND MUST R EFFECTIVE DATE ON FRONT SIDE OF SF 52	EFLECT AN E			
PART E - Employee Resignation/Retirement	Privacy Act	t Statement		
You are requested to furnish a specific reason for your	•	and agencies to issue regulations with	regard to em	nlovment of
retirement and a forwarding address. Your reason may be any future decision regarding your re-employment in the Fe and may also be used to determine your eligibility for u compensation benefits. Your forwarding address will be u to mail you copies of any documents you should have compensation to which you are entitled.	considered in ederal service inemployment used primarily	individuals in the Federal service and their requires agencies to furnish the specific Federal service to the Secretary of Laconnection with administration of urprograms.	records, while so reason for teabor or a State	section 8506 rmination of agency in
This information is requested under authority of sections 30 8506 of title 5, U.S. Code. Sections 301 and 3301 authority of sections 301 a		The furnishing of this information is vo provide it may result in your not receivin documents you should have; (2) pay or othe (3) any unemployment compensation ber entitled.	g: (1) your coper compensation	pies of those due you; and
2. Effective Date 3. Your Signature	4. Date Signed	5. Forwarding Address (Number, Street, City, State,	. ZIP Code)	
PART F - Remarks for SF 50				

Standard Form 52 Rev. 7/91 U.S. Office of Personnel Management FPM Supp. 296-33, Subch. 3

PART A - Requesting Of	fice (Also compl	ete Part B.	Items 1.	7-22, 3	2, 33, 3	36. and 39).)		
1. Actions Requested	,		,	,	, ,	,	,		est Number
RESIGNATION 3. For Additional Information Call (N	ame and Telephone Nu	mber)							VE BLANK sed Effective Date
NAME OF PERSON TO	•							MM-	DD-YYYY
5. Action Requested By (Typed Name	ne, Title, Signature, and	Request Date)		6. Action A	Authorized	by <i>(Typed Nam</i>	e, Title, Signat	ture, and Concur	rence Date)
SIGNATURE AND TYPED	NAME, NORMALL	Y SUPERVIS	SOR	SIGNA	TURE AN	ND TYPED N	NAME, NOR	MALLY COM	MANDER
PART B - For Preparation of 1. Name (Last, First, Middle)	SF 50 (Use only	codes in FPI	M Supplen	nent 292-			month-day		tive Date
I.M. EMPLOYEE				123-45	•	ribei	MM-DD-		DD-YYYY
FIRST ACTION				SECON	D ACTI	ON			
5-A. Code 5-B. Nature of Action				6-A. Code	6-B. Natur	e of Action			
5-C. Code 5-D. Legal Authority				6-C. Code	6-D. Legal	Authority			
5-E. Code 5-F. Legal Authority				6-E. Code	6-F. Legal	Authority			
7. FROM: Position Title and Nur MILITARY PERSONNEL C				15. TO: P	osition Tit	tle and Numb	er		
TCXXXXXXXX (IF KNOWI MANNING DOCUMENT)		IE FULL-TIM	IE						
8. Pay Plan 9.Occ. Code 10.Grade or Leve	11.Step or Rate 12. To	tal Salary	13.Pay Basis	8. Pay Plan	9.Occ. Code	18.Grade or Leve	19.Step or Rate	20. Total Salary	//Award 13.Pay Basi
GS 0204 05 12A. Basic Pay 12B. Locality Ad	lij. 12C. Adj. Basi	c Pay 12D. Ot	her Pay	20A. Basic	Pav	20B. Locality	Adi 200 4	Adj. Basic Pay 2	20D Other Pay
127 t. Badio Fay	, 120. Adj. Basi	125. 00	inor ruy	2071. Busic	, i uy	20D. Loodinty 7	(a). 200.7	taj. Baolo i ay	ob. Othor ray
14. Name and Location of Position's	Organization			22. Name	and Locatio	on of Position's	Organization		
OTAG-AZ (UNIT EMPLO		ASF #2)							
5636 E. MCDOWELL ROPHOENIX, AZ 85008-3	-								
,									
EMPLOYEE DATA									
23. Veterans Preference	//Dissability	10-Point/Other		24. Tenure	e 0 - None	2 - Conditional	25. Agency L	Jse 26. Vet	erans Pref for RIF
2 - 5-Point 4 - 10-Point		10-Point/Other 10-Point/Compens	sable/30%		1 - Permaner	nt 3 - Indefinite		YE	
27. FEGLI				28. Annuit	ant Indicato	or		29. Pay	Rate Determinant
30. Retirement Plan		31. Service Comp	p. Date (Leave)	32. Work \$	Schedule			33. Part	t-Time Hours Per
									Biweekly Pay Period
POSITION DATA 34. Position Occupied		35. FLSA Cate	aory	26 Approx	riotion Co.	do		27 Por	gaining Unit Status
1 - Competitive Service 2 - Excepted Service	3 - SES General 4 - SES Career	E-E	xempt Nonexempt	36. Approp	oriation Cot	ie		37. Barg	gaining Unit Status
38. Duty Station Code		39. Duty Station	on (City - Co	,		•			
		CITY, CO		ATE (I.E		NIX, MARIO	COPA, ARI	IZONA)	
40. Agency Data 41.	42.		43.		44.				
45. Educational Level 46. Year	Degree Attained 47. A	cademic Discipli	ne 48. Funct	ional Class	49. Citiz	enship	50. Veterans	Status 51. Sup	pervisory Status
DART O. D. '				· · · · · · · · · · · · · · · · · · ·		- USA 8 - Other			
PART C - Reviews and A	Approvais (IVot to Initials/Signature	p pe usea p	y request		<i>e.)</i> Function		Initials/Signat	ure	Date
A.				D.					
0.				J					
В.				E.					
C.				F.					
2. Approval: I certify that the info				Signature					Approval Date

PART E - Employee Resignation/Retirement // Cou are requested to furnish a specific reason for your resignation or elitement and a forwarding address. Your reason may be considered in any future decision regarding your re-employment in the Federal service and their records, while section 8506 requires agencies to issue regulations with regard to employment of invitude decision regarding your re-employment in the Federal service and their records, while section 8506 requires agencies to furnish the specific reason for termination of compensation benefits. Your forwarding address will be used primarily to mail you copies of any documents you should have or any pay or ompensation benefits. Your forwarding address will be used primarily to mail you copies of any documents you should have or any pay or ompensation to which you are entitled. This information is requested under authority of sections 301, 3201, and 8506 of title 6, U.S. Code. Sections 301 and 3301 authorize OPM 1. Reasons for Resignation/Retirement (NOTE: Your reasons are used in determining possible unemployment compensation benefits to which you are signation-retirement is effective at the end of the day - midright - unless you specify otherwise.) 1. TYPE A BRIEF STATEMENT AS TO WHY EMPLOYEE IS RESIGNING. EMPLOYEE MUST SIGN SF 52 AND LEAVE A FORWARDING ADDRESS BELOW IN BLOCK #5. OR EMPLOYEE MAY COMPLETE A LETTER OF RESIGNATION STATING THE REASON FOR RESIGNATION AND A FORWARDING ADDRESS. FAXED COPIES OF RESIGNATIONS ARE NOT AUTHORIZED AND WILL NOT BE ACCEPTED BY THIS OFFICE. MUST BE AN ORIGINAL WITH ORIGINAL SIGNATURES. 1. Plate Signed 1. Date Signed 1. Date Signed 1. Date Signed 2. Powereding Address (Number, Street, City, State, 2/P Code/ EMPLOYEE MUST LEAVE A FORWARDING ADDRESS IN THIS BLOCK
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PART F - Remarks for SF 50

PART A - Reques	sting Office <i>(Also co</i>	omplete Part	B, Items 1,	7-22, 3	2, 33, 3	36, and 39	9.)		
Actions Requested SEPARATION	3 ,	. ,	, ,	,	, ,		,		lest Number VE BLANK
	tion Call <i>(Name and Telepho</i>	one Number)							sed Effective Date
	SON TO CONTACT,							MM-	DD-YYYY
5. Action Requested By (Typed Name, Title, Signatu	re, and Request D	ate)	6. Action A	Authorized I	by (Typed Nam	ne, Title, Signat	ture, and Concur	rence Date)
SIGNATURE AND	TYPED NAME, NORI	MALLY SUPER	RVISOR	SIGNA	TURE AN	ND TYPED N	NAME, NOR	MALLY COM	MANDER
PART B - For Prepa 1. Name (Last, First, Mid	ration of SF 50 (Use	only codes in	FPM Suppler		1. Show security Nur		month-day		ctive Date
I.M. EMPLOYEE	·			123-45	•	ribei	MM-DD-		DD-YYYY
FIRST ACTION					D ACTION				
5-A. Code 5-B. Nature of	f Action			6-A. Code	6-B. Natur	e of Action			
5-C. Code 5-D. Legal Aut	thority			6-C. Code	6-D. Legal	Authority			
5-E. Code 5-F. Legal Aut	thority			6-E. Code	6-F. Legal	Authority			
					0 <u>1</u> 0ga	, identify			
7. FROM: Position Title				15. TO: P	osition Tit	tle and Numb	er		
MILITARY PERSO TCXXXXXXXX (IF MANNING DOCU	KNOWN, COMES O	FF THE FULL-	TIME						
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EMPLOYEE DATA	4								
23. Veterans Preference	3 - 10-Point/Disability	5 - 10-Point/Oth	er		0 - None	2 - Conditional	25. Agency U	Jse 26. Vet	erans Pref for RIF
2 - 5-Point 27. FEGLI	4 - 10-Point/Compensable	6 - 10-Point/Cor	npensable/30%		1 - Permaner ant Indicato	nt 3 - Indefinite		29 Pav	Rate Determinant
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30. Retirement Plan		31. Service	Comp. Date (Leave	32. Work	Schedule			33. Pari	t-Time Hours Per Biweekly
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POSITION DATA 34. Position Occupied	Service 3 - SES General	35. FLSA		36. Approp	priation Cod	de		37. Bar	gaining Unit Status
1 - Competitive S 2 - Excepted Ser			E - Exempt N - Nonexempt						
38. Duty Station Code		,	Station <i>(City - Co</i> COUNTY, S	,		-	COPA ARI	IZONA)	
40. Agency Data	41.	42.	43.	.,,,,	44.	, , , , , , , , , , , , , , , , , , , ,	30171,7111		
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45. Educational Level	46. Year Degree Attained	47. Academic Dis	scipilne 48. Fund	tional Class		- USA 8 - Other	50. Veterans	Status 51. Sup	pervisory Status
PART C - Review	s and Approvals (A	lot to be use	d by reques	ting offic			1		
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A.				D.					
В.				E.					
C.				F.					
	nat the information entered			Signature					Approval Date

OVER

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(Note to Supervi	sors: Do you know of additional or conflicting reasonable If "YES", please state these facts on a separate			YES	NO				
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PART F - F	mployee Resignation/Retirement								
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·	,		The furnishing of this information is volunta						
	n is requested under authority of sections 30 5, U.S. Code. Sections 301 and 3301 authority		provide it may result in your not receiving: documents you should have; (2) pay or other co						
0000 01 11110	o, o.e. code. coolens oo r and coo r adir	01120 01 141	(3) any unemployment compensation benefits to which you ma						
			entitled.						
			termining possible unemployment benefits. Please	•	and				
avoid gene	ralizations. Your resignation/retirement is eff	fective at the end	d of the day - midnight - unless you specify otherw	ise.)					
			ING SEPARATED: I.E. SEPARATION IS	BASED OF	N				
RECEIPT	OF 30 DAY NOTICE DUE TO INCOM	PATIBILITY.							
EMBLOVE	TE MUICE CLONEDEL OVA (DE OCIVALIA	ADED O) AND	LEAVE A FORWARDING ADDRESS (DI		DED 5\				
EMPLOYE	E MOST SIGN BELOW (BLOCK NOW	IBER 3) AND	LEAVE A FORWARDING ADDRESS (BLC	JCK NUME	3EK 5)				
2. Effective Date	3. Your Signature	4. Date Signed	5. Forwarding Address (Number, Street, City, State, ZIP	Code)					
			EMPLOYEE MUST LEAVE A FORWARDING		IN THIS				
			BLOCK						
PART F - R	emarks for SF 50								
I AII I - II	emarks for or so								

PART A - Reques	sting Office <i>(Also co</i>	omolete Part	B. Items 1.	7-22. 3	2. 33. 3	36. and 39	9 . J		
Actions Requested	•	•					,		est Number
	PPOINTMENT NTE tion Call (Name and Telepho	•	ANNOT EXC	JEED 180	DAYS)				VE BLANK sed Effective Date
	SON TO CONTACT,								DD-YYYY
5. Action Requested By (Typed Name, Title, Signatu	re, and Request D	ate)	6. Action	Authorized I	by (Typed Nam	ne, Title, Signat	ture, and Concur	rence Date)
SIGNATURE AND	TYPED NAME, NORI	MALLY SUPER	RVISOR	SIGNA	TURE AN	ND TYPED N	NAME, NOR	MALLY COM	MANDER
PART B - For Prepa 1. Name (Last, First, Mid	ration of SF 50 (Use	only codes in	FPM Suppler		1. Show security Nur		month-day		ctive Date
I.M. EMPLOYEE	•			123-45	,	ribei	MM-DD-Y		DD-YYYY
FIRST ACTION					D ACTION				
5-A. Code 5-B. Nature of	f Action			6-A. Code	6-B. Natur	e of Action			
5-C. Code 5-D. Legal Aut	thority			6-C. Code	6-D. Legal	Authority			
5-E. Code 5-F. Legal Aut	thority			6-E. Code	6-F. Legal	Authority			
7 FDOM D '4' T'4				45 70 5	· · · · · · · · · ·				
7. FROM: Position Title MILITARY PERSO				15. 10: P	osition I it	le and Numb	er		
	KNOWN, COMES O	FF THE FULL-	TIME						
	Grade or Level 11.Step or Rate	12. Total Salary	13.Pay Basi	8. Pay Plan	9.Occ. Code	18.Grade or Leve	19.Step or Rate	20. Total Salary	//Award 13.Pay Basi
GS 0204 12A. Basic Pay 12E	05 3. Locality Adj. 12C. Ad	lj. Basic Pay 120	D. Other Pay	20A. Basic	: Pav	20B. Locality	 Adi. 20C. A	Adj. Basic Pay 2	20D. Other Pav
,		,,	,		,	,	,	,,	,
14. Name and Location o	•			22. Name	and Location	n of Position's	Organization		
OTAG-AZ (UNIT	ΓEMPLOYED AT - I MELL BOAD	.E. AASF #2)							
PHOENIX, AZ 8									
*POSITION EMI	PLOYEE IS CURRE	NTLY IN**							
EMPLOYEE DATA	4								
23. Veterans Preference	3 - 10-Point/Disability	5 - 10-Point/Oth	er	24. Tenure	e 0 - None	2 - Conditional	25. Agency U	Jse 26. Vet	erans Pref for RIF
2 - 5-Point 27. FEGLI	4 - 10-Point/Compensable	6 - 10-Point/Cor	mpensable/30%		1 - Permaner ant Indicato	t 3 - Indefinite		29 Pav	Rate Determinant
27. TEGE				Zo. Amun	ant mulcate	Ji		23. 1 ay	
30. Retirement Plan		31. Service	Comp. Date (Leave	32. Work	Schedule			33. Pari	t-Time Hours Per Biweekly
DOCITION DATA									Pay Period
POSITION DATA 34. Position Occupied		35. FLSA		36. Appro	priation Cod	de		37. Bar	gaining Unit Status
1 - Competitive S 2 - Excepted Ser			E - Exempt N - Nonexempt						
38. Duty Station Code		,	Station <i>(City - Co</i> COUNTY, S	,		•	COPA ARI	ΙΖΟΝΔ)	
40. Agency Data	41.	42.	43.	17112 (1.2	44.	177, 177, 177	00171,7111	1201171	
45. Educational Level	46. Year Degree Attained	47. Academic Dis	scipline 48. Fund	tional Class	49. Citiz	enship - USA 8 - Other	50. Veterans	Status 51. Sup	pervisory Status
PART C - Review	│ vs and Approvals <i>(N</i>	lot to be use	d bv reaues	tina offic		- USA 8 - Other			
1. Office/Function	Initials/Signatu		Date		/Function		Initials/Signat	ure	Date
A.				D.					
				-					
B.				E.					
C.				F.					
	nat the information entered			Signature					Approval Date

PART D - Remarks by Requesting Office (Note to Supervisors: Do you know of additional or conflicting reaso			TYES	Пио
If "YES", please state these facts on a separate STATE REASON WHY TEMP APPOINTMENT IS			ш	
TEMP APPOINTMENTS LESS THAN 180 DAYS SUBMIT AN OF 612 OR RESUME' DETAILING TFOR POSITION APPLYING FOR. APPLICANTS	THEIR EXPER	RIENCE AND MUST MEET THE BASIC		
OF 612/RESUME' OF APPLICANT MUST BE AT COORDINATION MUST BE MADE WITH HRO T EMPLOYMENT.				
PART E - Employee Resignation/Retirement				
	Privacy Act	Statement		
You are requested to furnish a specific reason for your re- retirement and a forwarding address. Your reason may be cany future decision regarding your re-employment in the Fed and may also be used to determine your eligibility for un- compensation benefits. Your forwarding address will be us to mail you copies of any documents you should have or compensation to which you are entitled.	considered in deral service employment sed primarily	and agencies to issue regulations with individuals in the Federal service and their requires agencies to furnish the specific Federal service to the Secretary of Lab connection with administration of une programs.	records, while reason for to or or a Stat employment o	section 8506 ermination of e agency in compensation
This information is requested under authority of sections 30′ 8506 of title 5, U.S. Code. Sections 301 and 3301 authority	1, 3301, and orize OPM	The furnishing of this information is voluprovide it may result in your not receiving documents you should have; (2) pay or other (3) any unemployment compensation bene entitled.	: (1) your co compensation	pies of those due you; and
Reasons for Resignation/Retirement (NOTE: Your reason avoid generalizations. Your resignation/retirement is effective.)		• , ,	•	and
TYPE A BRIEF STATEMENT AS TO WHY EMPL RECEIPT OF 30 DAY NOTICE DUE TO INCOME EMPLOYEE MUST SIGN BELOW (BLOCK NUM	LOYEE IS BE PATIBILITY.	ING SEPARATED: I.E. SEPARATION I	S BASED O	
2. Effective Date 3. Your Signature	4. Date Signed	5. Forwarding Address (Number, Street, City, State, 2	7IP Codel	
2. Effective Date 5. Total Signature	4. Date Signed	EMPLOYEE MUST LEAVE A FORWARDI BLOCK	•	S IN THIS
PART F - Remarks for SF 50				

PART A - Requ 1. Actions Requested FXTEND TEM	esting Office (9.)			est Numl	
3. For Additional Inform		d Telephone l	Vumber)	`		0225 10	<i>50 57</i> 11 0	· /		4.	Propose	ed Effective DD-YY	ve Date
5. Action Requested B	y (Typed Name, Title	, Signature, a	nd Reques	t Date)		6. Action	Authorized b	by (Typed Nan	ne, Title, Sig	gnature, and C	oncurre	ence Dat	te)
SIGNATURE AN	ND TYPED NAME	NORMAI	LY SUF	PERVIS	SOR	SIGNA	TURF AN	ND TYPED I	NAMF N	ORMALLY (COM	MANDI	=R
PART B - For Pre		·				1						.,	
1. Name (Last, First, M							ecurity Nun	nber	3. Date of			ive Date	
I.M. EMPLOYE						123-45	-6789 D ACTIO	ΩN	MIMI-DI	D-YYYY	IVIIVI-L	DD-YY	<u> </u>
5-A. Code 5-B. Nature							6-B. Nature						
5-C. Code 5-D. Legal A	Authority					6-C. Code	6-D. Legal	Authority					
5-E. Code 5-F. Legal A	Authority					6-E. Code	6-F. Legal	Authority					
7. FROM: Position T	itle and Number					15. TO: P	Position Tit	le and Numb	er				
	SONNEL CLERK (IF KNOWN, COI CUMENT)	-	THE FUI	_L-TIM	IE								
8. Pay Plan 9.0cc. Code 1 GS 0204	10.Grade or Level 11.Ste	p or Rate 12.	Total Salar	У	13.Pay Basis	8. Pay Plan	9.Occ. Code	18.Grade or Leve	19.Step or	Rate 20. Total	Salary/	Award	13.Pay Basi
12A. Basic Pay	12B. Locality Adj.	12C. Adj. B	asic Pay	12D. Ot	ther Pay	20A. Basid	c Pay	20B. Locality	Adj. 20	C. Adj. Basic F	Pay 20	DD. Oth	er Pay
14. Name and Location	n of Position's Organi	zation				22. Name	and Locatio	n of Position's	Organizatio	on			
5636 E. MCDO PHOENIX, AZ	NIT EMPLOYED OWELL ROAD 'Z 85008-3495 MPLOYEE IS C			ŕ									
EMPLOYEE DA						•							
23. Veterans Preference 1 - None 2 - 5-Point	3 - 10-Point/Disabilit		5 - 10-Point		11 (000)		0 - None	2 - Conditional	25. Agen	cy Use 26	_		ef for RIF
27. FEGLI	4 - 10-Point/Comper	isable	6 - 10-Point	Compens	Sable/30 %		tant Indicato			29	YES P. Pay I		NO terminant
										-			
30. Retirement Plan			31. Serv	rice Comp	p. Date (Leave)	32. Work	Schedule			33	s. Part-	Time Ho Biwee Pay Pe	kly
POSITION DAT 34. Position Occupied	A		35 FI	SA Cate	agory	126 4	i-ti CI	1-		la-	7 Dana	-i-i I I	ait Ctatus
1 - Competitive 2 - Excepted		General ES Career	00.12	¬ E-E	xempt Vonexempt	36. Appro	priation Cod	ie		3,	. Barg	aining U	nit Status
38. Duty Station Code				ty Statio	on (City - Co	,		s Location) NIX, MARI	COPA A	ARIZONA)			
40. Agency Data	41.	42.		, 00.	43.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	44.	117 () 1177 (1 ()					
45. Educational Level	46. Year Degree	Attained 47	Anadamia	Dissisli	no 49 Eurot	ional Class	49. Citiz	enchin	EO Votor	ans Status 5	1 Cun	n ioon i	Ctotus
45. Educational Level	46. Year Degree	Attained 47.	Academic	Discipii	ne 40. runci	ioriai Ciass		- USA 8 - Other		ans Status 5	T. Supe	ervisory	Status
PART C - Revie	1		to be u	sed b	y request	. ~				, , , , , , , , , , , , , , , , , , ,	<u>'</u>		
1. Office/Function	Initi	als/Signature			Date	Office	/Function		Initials/Si	gnature		D	ate
A.						D.							
В.						E.							
C.						F.							
Approval: I certify proposed action is in c	y that the information ompliance with statut					Signature			· · · · · ·			Approva	al Date

PART D - R	Remarks by Requesting Office sors: Do you know of additional or conflic	ating reasons for the ampleye	o'a resignation/retirement?					
(Note to Supervi	If "YES", please state these facts or			YES NO				
STATE RE	EASON TEMP APPOINT IS BEI	NG EXTENDED.						
PART F - F	mployee Resignation/Retireme	ınt						
TAIL - L	imployee nesignation/netherne	Privacy Act	Statement					
You are reque	sted to furnish a specific reason fo	r your resignation or	and agencies to issue regulations with reg	ard to employment o				
	a forwarding address. Your reason ision regarding your re-employment is		individuals in the Federal service and their recorequires agencies to furnish the specific rea					
any future decision regarding your re-employment in the Federal service and may also be used to determine your eligibility for unemployment of the properties. Your forwarding address will be used primarily			Federal service to the Secretary of Labor	or a State agency in				
to mail you co	npensation benefits. Your forwarding address will be used primarily connection with administration of unemployment mail you copies of any documents you should have or any pay or programs.							
compensation	to which you are entitled.		The furnishing of this information is volunta	ry; however, failure to				
This information	n is requested under authority of sec 5, U.S. Code. Sections 301 and 33	tions 301, 3301, and 01 authorize OPM	3301, and provide it may result in your not receiving: (1) your copies					
	(3) any unemployment compensation benefits to which you entitled.							
1 D	Design of the /Detign over /NOTE, Ver			h				
	9		termining possible unemployment benefits. Please I of the day - midnight - unless you specify otherwi	•				
TYPF A B	RIFF STATEMENT AS TO WH	Y EMPLOYEE IS BE	ING SEPARATED: I.E. SEPARATION IS E	BASED ON				
	OF 30 DAY NOTICE DUE TO I			57 (OLD OI)				
EMPLOYE	EE MUST SIGN BELOW (BLOC	K NUMBER 3) AND	LEAVE A FORWARDING ADDRESS (BLC	OCK NUMBER 5)				
2 Effective Date	3. Your Signature	4. Date Signed	5. Forwarding Address (Number, Street, City, State, ZIP)	Codel				
2. Lifective Date	3. Tour Signature	4. Date Signed	EMPLOYEE MUST LEAVE A FORWARDING					
			BLOCK					
PART F - R	emarks for SF 50							

PART A - Requesting Office (Also complete Part B, I	Items 1.	7-22, 32	2, 33, 3	36, and 39).)		
1. Actions Requested							est Number
TEMPORARY PROMOTION NTE: (CANNOT EXCEST) 3. For Additional Information Call (Name and Telephone Number)	ED 180 L	DAYS)					VE BLANK sed Effective Date
NAME OF PERSON TO CONTACT, 267-XXXX							DD-YYYY
5. Action Requested By (Typed Name, Title, Signature, and Request Date)		6. Action A	uthorized I	by (Typed Nam	e, Title, Signature, ar	nd Concur	rence Date)
SIGNATURE AND TYPED NAME, NORMALLY SUPERVIS	OR	SIGNAT	URE AN	ND TYPED N	IAME, NORMALI	LY COM	MANDER
PART B - For Preparation of SF 50 (Use only codes in FPM 1. Name (Last, First, Middle)	Supplem	ent 292-1 2. Social Se			month-day-year	_	tive Date
I.M. EMPLOYEE		123-45-	•	11001	MM-DD-YYYY		DD-YYYY
FIRST ACTION		SECONE					
5-A. Code 5-B. Nature of Action		6-A. Code 6	i-B. Natur	e of Action			
5-C. Code 5-D. Legal Authority		6-C. Code 6	-D. Legal	Authority			
5-E. Code 5-F. Legal Authority		6-E. Code 6	i-F. Legal	Authority			
7. FROM: Position Title and Number		15 TO: Po	sition Tit	le and Numb	or .		
MILITARY PERSONNEL CLERK TCXXXXXXX (IF KNOWN, COMES OFF THE FULL-TIME	E	SECRE TCXXX	TARY (0 XXXXXX	OA) X (IF KNOW!	N, COMES OFF	FULL-TI	ME
MANNING DOCUMENT)				CUMENT)			
8. Pay Plan 9.0cc. Code 10.Grade or Level 11.Step or Rate 12. Total Salary GS 0204 05	13.Pay Basis		2115	18.Grade or Level	19.Step or Rate 20. T	otal Salary	/Award 13.Pay Basi
12A. Basic Pay 12B. Locality Adj. 12C. Adj. Basic Pay 12D. Oth	ner Pay	20A. Basic	Pay	20B. Locality A	Adj. 20C. Adj. Ba	sic Pay 2	OD. Other Pay
14. Name and Location of Position's Organization		22. Name a	nd Locatio	on of Position's	Organization		
OTAG-AZ (UNIT EMPLOYED AT - I.E. AASF #2) 5636 E. MCDOWELL ROAD PHOENIX, AZ 85008-3495		5636 E	. MČDO	IIT EMPLO DWELL RO 85008-34		CSPE	₹)
EMPLOYEE DATA 23. Veterans Preference		24. Tenure			25. Agency Use	26. Vet	erans Pref for RIF
1 - None 3 - 10-Point/Disability 5 - 10-Point/Other 2 - 5-Point 4 - 10-Point/Compensable 6 - 10-Point/Compensa	able/30%		NonePermanen	2 - Conditional at 3 - Indefinite		YE	s No
27. FEGLI		28. Annuita	nt Indicato	or		29. Pay	Rate Determinant
30. Retirement Plan 31. Service Comp.	. Date (Leave)	32. Work So	chedule			33. Part	-Time Hours Per
							Biweekly Pay Period
POSITION DATA 34. Position Occupied 35. FLSA Category	iorv	36. Appropr	iation Cod	do.		27 Par	gaining Unit Status
1 - Competitive Service 3 - SES General E - Ex		Зо. Арргорі	iation coc	16		S7. Dai	Jan in 19 Or in Status
38. Duty Station Code 39. Duty Station		,			2024 451701		
40. Agency Data 41. 42.	JN I Y, S I	ATE (I.E.	PHOEI	NIX, MARIC	COPA, ARIZON	A)	
TO. Agency Data 41.	43.		44.				
45. Educational Level 46. Year Degree Attained 47. Academic Disciplin	e 48. Functi	ional Class	49. Citiz	enship - USA 8 - Other	50. Veterans Status	51. Sup	ervisory Status
PART C - Reviews and Approvals (Not to be used by	request	ing office		COA C CUICI			
1. Office/Function Initials/Signature	Date	Office/F	unction		Initials/Signature		Date
Α.		D.					
В.		Е.					
C.		F.					
Approval: I certify that the information entered on this form is accurate proposed action is in compliance with statutory and regulatory requirements.	and that the	Signature					Approval Date

PART D - Remarks by Requesting Office (Note to Supervisors: Do you know of additional or conflicting reasons)		•	TYES	Пио
If "YES", please state these facts on a separate s STATE REASON FOR TEMPORARY PROMOTION		•		
EXCEPTION TO 180 DAY TIME FRAME - IF INDIV SPECIFICALLY STATES THEY WILL RECEIVE A	IDUAL HAS	S COMPETED FOR AN ANNOUNCEMENT	· THAT	
PART E - Employee Resignation/Retirement				
	Privacy Act	Statement		
You are requested to furnish a specific reason for your resignetirement and a forwarding address. Your reason may be con any future decision regarding your re-employment in the Feder and may also be used to determine your eligibility for unemcompensation benefits. Your forwarding address will be used to mail you copies of any documents you should have or arcompensation to which you are entitled.	nsidered in ral service nployment I primarily	and agencies to issue regulations with regaindividuals in the Federal service and their recorequires agencies to furnish the specific reafederal service to the Secretary of Labor connection with administration of unemp programs.	ords, while s ison for ter or a State loyment co	section 8506 rmination of agency in ompensation
This information is requested under authority of sections 301, 3 8506 of title 5, U.S. Code. Sections 301 and 3301 authoriz	3301, and e OPM	The furnishing of this information is voluntal provide it may result in your not receiving: (documents you should have; (2) pay or other cor (3) any unemployment compensation benefits entitled.	1) your cop	oies of those due you; and
1. Reasons for Resignation/Retirement (NOTE: Your reasons a avoid generalizations. Your resignation/retirement is effect			•	and
TYPE A BRIEF STATEMENT AS TO WHY EMPLO RECEIPT OF 30 DAY NOTICE DUE TO INCOMPA EMPLOYEE MUST SIGN BELOW (BLOCK NUMBE	TIBILITY.			
	. Date Signed	5. Forwarding Address (Number, Street, City, State, ZIP C EMPLOYEE MUST LEAVE A FORWARDING BLOCK		IN THIS
PART F - Remarks for SF 50				

PART A - Requesting Office (Also complete Part A)	art B. Items 1.	7-22. 3.	2. 33. 3	36. and 39). J						
1. Actions Requested						I .	lest Number				
EXTEND TEMPORARY PROMOTION NTE: (MAX 3. For Additional Information Call (Name and Telephone Number)	180 DAYS UNLE	SS COMP	יצ עבוובי	IA ANNOUN	ICEMENT)		VE BLANK sed Effective Date				
NAME OF PERSON TO CONTACT, 267-XXXX	(-	DD-YYYY							
5. Action Requested By (Typed Name, Title, Signature, and Request	st Date)	6. Action Authorized by (Typed Name, Title, Signature, and Concurrence Date)									
SIGNATURE AND TYPED NAME, NORMALLY SUF	PERVISOR	SIGNATURE AND TYPED NAME, NORMALLY COMMANDER									
	in FPM Supplem	ement 292-1. Show all dates in month-day-year order.) 2. Social Security Number 3. Date of Birth 4. Effective Date									
1. Name (Last, First, Middle) I.M. EMPLOYEE		2. Social Se		nber	3. Date of Bir		ctive Date				
FIRST ACTION		SECOND ACTION									
5-A. Code 5-B. Nature of Action		6-A. Code 6-B. Nature of Action									
5-C. Code 5-D. Legal Authority		6-C. Code	6-D. Legal	Authority							
5-E. Code 5-F. Legal Authority		6-E. Code	6.5.1	A							
5-F. Legal Authority		6-E. Code	o-r. Legai	Authority							
7. FROM: Position Title and Number		15. TO: P	osition Tit	le and Numb	er						
MILITARY PERSONNEL CLERK TCXXXXXXXX (IF KNOWN, COMES OFF THE FU	LL-TIME										
MANNING DOCUMENT)											
8. Pay Plan 9.0cc. Code 10.Grade or Level 11.Step or Rate 12. Total Salar GS 0204 05	y 13.Pay Basis	8. Pay Plan	9.Occ. Code	18.Grade or Leve	19.Step or Rate	20. Total Salary	//Award 13.Pay Basi				
	12D. Other Pay	20A. Basic	Pay	20B. Locality	 Adj. 20C. A	│ Adj. Basic Pay	20D. Other Pay				
14. Name and Location of Position's Organization	# 2\	22. Name a	and Locatio	n of Position's	Organization						
OTAG-AZ (UNIT EMPLOYED AT - I.E. AASF ; 5636 E. MCDOWELL ROAD	+ ∠)										
PHOENIX, AZ 85008-3495											
EMPLOYEE DATA											
23. Veterans Preference	/Other /Compensable/30%		0 - None	2 - Conditional at 3 - Indefinite	25. Agency l		erans Pref for RIF				
27. FEGLI	/Compensable/30 /6	28. Annuita					Rate Determinant				
						22 Por	t-Time Hours Per				
30. Retirement Plan 31. Ser	vice Comp. Date (Leave)	32. Work S	Schedule			33. Fai	Biweekly Pay Period				
POSITION DATA							,				
1 - Competitive Service 3 - SES General	SA Category E - Exempt	36. Approp	oriation Cod	le		37. Bar	gaining Unit Status				
2 - Excepted Service 4 - SES Career 38. Duty Station Code 39. Du	N - Nonexempt ity Station (City - Co	unty - State	or Oversea	s Location)							
	, COUNTY, ST	ATE (I.E	. PHOE	NIX, MARIO	COPA, AR	IZONA)					
40. Agency Data 41. 42.	43.		44.								
45. Educational Level 46. Year Degree Attained 47. Academic	Discipline 48. Funct	ional Class	49. Citiz	enship	50. Veterans	Status 51. Sup	pervisory Status				
DART O. R. in and A. and I. (N. t. t. t.				USA 8 - Other							
PART C - Reviews and Approvals (Not to be u	Date		<i>E.)</i> Function		Initials/Signat	ure	Date				
Α.		D.			•						
B.		E.									
c.		F.									
Approval: I certify that the information entered on this form is	accurate and that th	Signature					Approval Date				

PART D - R	temarks by Requesting Office sors: Do you know of additional or conflicting re	agains for the ampleys	ola resignation/rationment?	
(Note to Supervi	If "YES", please state these facts on a sep			YES NO
STATE RE	EASON TEMPORARY PROMOTION	N IS BEING EXT	ENDED.	
DART F - F	mployee Resignation/Retirement			
FANIL-L	imployee nesignation/nethernent	Privacy Act	Statement	
You are reque	sted to furnish a specific reason for you	ır resignation or	and agencies to issue regulations with rega	ard to employment o
	a forwarding address. Your reason may sisted is a forwarding your re-employment in the		individuals in the Federal service and their recorrequires agencies to furnish the specific reas	
and may also	be used to determine your eligibility for	unemployment	Federal service to the Secretary of Labor connection with administration of unemplo	or a State agency ir
to mail you co	benefits. Your forwarding address will be opies of any documents you should have		programs.	Oyment Compensation
compensation	to which you are entitled.		The furnishing of this information is voluntar	y; however, failure to
This information 8506 of title	n is requested under authority of sections 5, U.S. Code. Sections 301 and 3301 au	301, 3301, and uthorize OPM	provide it may result in your not receiving: (1 documents you should have; (2) pay or other com	
	o, o.o. ocac. ocac. oca. ana oca. a	ac. 101.120 G. 111	(3) any unemployment compensation benefits entitled.	to which you may be
1 D	Decimality (Decimals (NOTE)	die de		h
	•		termining possible unemployment benefits. Please I I of the day - midnight - unless you specify otherwis	•
TYPF A B	RIFF STATEMENT AS TO WHY FA	MPI OYEE IS BE	ING SEPARATED: I.E. SEPARATION IS B	ASED ON
	OF 30 DAY NOTICE DUE TO INCO			7.025 0.1
EMPLOYE	EE MUST SIGN BELOW (BLOCK N	UMBER 3) AND	LEAVE A FORWARDING ADDRESS (BLO	CK NUMBER 5)
2. Effective Date	3. Your Signature	4. Date Signed	5. Forwarding Address (Number, Street, City, State, ZIP C	
Z. Zilootivo Buto	o. Four dignature	T. Date dignod	EMPLOYEE MUST LEAVE A FORWARDING	
			BLOCK	
PART F - R	emarks for SF 50			

DART A Roques	sting Office (Also co	amploto Part	R Itoms	1 7 22 2	2 22	26 and 20						
1. Actions Requested	tillig Office (A/SO Co	niipiele Fail	D, Itellis	1, 1-22, 3	2, 33, .	30, and 33	·-/	2. Requ	est Number			
	MPORARY PROMO					VE BLANK						
	tion Call <i>(Name and Telepho</i> SON TO CONTACT,					sed Effective Date DD-YYYY						
5. Action Requested By (Typed Name, Title, Signatu	re, and Request D	ate)	6. Action Authorized by (Typed Name, Title, Signature, and Concurrence Date)								
SIGNATURE AND	TYPED NAME, NOR	MALLY SUPER	RVISOR	SIGNATURE AND TYPED NAME, NORMALLY COMMANDER								
	ration of SF 50 (Use	only codes in	FPM Supple		_							
1. Name (Last, First, Mide I.M. EMPLOYEE	•			2. Social S 123-45		mber	3. Date of Birth MM-DD-YYYY		tive Date DD-YYYY			
FIRST ACTION				SECON		ON						
5-A. Code 5-B. Nature of	Action			6-A. Code	6-B. Natur	re of Action						
5-C. Code 5-D. Legal Aut	thority			6-C. Code	6-D. Legal	l Authority						
5-E. Code 5-F. Legal Aut	hority			6-E. Code	6-F. Legal	Authority						
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SECRETARY (OA						RSONNEL CI						
	KNOWN, COMES OF	FF THE FULL-	TIME		XXXXXX MENT)	(IF KNOWN	, COMES OFF FL	JLL-TIN	IE MANNING			
	Grade or Level 11.Step or Rate	12. Total Salary	13.Pay Ba		sis 8. Pay Plan 9.Occ. Code 18.Grade or Level 19.Step or Rate 20. Total Salary/Award							
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14. Name and Location o	f Position's Organization			22. Name	and Location	on of Position's	Organization					
`	EMPLOYED AT - I	.E. AASF #2)			,		YED AT - I.E. A	ASF#	1)			
5636 E. MCDOV PHOENIX, AZ 8						OWELL RC Z 85008-34						
•	PLOYEE WAS IN**				,		IS RETURNING	3 TO**				
EMPLOYEE DATA 23. Veterans Preference	4			24. Tenure	9		25. Agency Use	126. Vet	erans Pref for RIF			
1 - None	3 - 10-Point/Disability 4 - 10-Point/Compensable	5 - 10-Point/Oth 6 - 10-Point/Cor			0 - None 1 - Permaner	2 - Conditional nt 3 - Indefinite	Zo. Agency osc	YE				
27. FEGLI				28. Annuit	ant Indicat	or	<u> </u>		Rate Determinant			
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30. Retirement Plan		31. Service	Comp. Date (Leav	(e) 32. VVOrk 3	Scnedule			33. T all	Biweekly Pay Period			
POSITION DATA									,			
34. Position Occupied 1 - Competitive S	Service 3 - SES General	35. FLSA	Category E - Exempt	36. Approp	priation Co	de		37. Bar	gaining Unit Status			
2 - Excepted Serv 38. Duty Station Code	vice 4 - SES Career		N - Nonexempt Station (City - 0	County - State	or Overses	as Location						
oo. Buty Station Code		,		,		•	COPA, ARIZON	A)				
40. Agency Data	41.	42.	43.		44.							
45. Educational Level	46. Year Degree Attained	47. Academic Dis	scipline 48. Fur	nctional Class	49. Citiz	zenship	50. Veterans Status	51. Sup	pervisory Status			
DART C. Davis		1-4 4- 6	-1 6	-4: ((:		- USA 8 - Other						
1. Office/Function	s and Approvals (/\) Initials/Signatu		a by reque		/Function		Initials/Signature		Date			
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A.				D.								
В.				E.								
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	nat the information entered			that the Signature Appr								

	temarks by Requesting Office sors: Do you know of additional or conflicting reaso	ons for the employe	ee's resignation/retirement?
	If "YES", please state these facts on a separar	te sheet and attach	nto SF 52.)
	BEING FILLED	BEING IER	MINATED. I.E. TEMP PROMOTION TERMINATED DUE TO
PART E - E	mployee Resignation/Retirement		
		Privacy Act	
retirement and any future dec and may also compensation to mail you co	sted to furnish a specific reason for your re a forwarding address. Your reason may be o ision regarding your re-employment in the Fer be used to determine your eligibility for un benefits. Your forwarding address will be us oppies of any documents you should have or so which you are entitled.	considered in deral service employment sed primarily	and agencies to issue regulations with regard to employment of individuals in the Federal service and their records, while section 8506 requires agencies to furnish the specific reason for termination of Federal service to the Secretary of Labor or a State agency in connection with administration of unemployment compensation programs.
This information 8506 of title	n is requested under authority of sections 30 5, U.S. Code. Sections 301 and 3301 authority	1, 3301, and orize OPM	The furnishing of this information is voluntary; however, failure to provide it may result in your not receiving: (1) your copies of those documents you should have; (2) pay or other compensation due you; and (3) any unemployment compensation benefits to which you may be entitled.
	9		termining possible unemployment benefits. Please be specific and
•	· ·		d of the day - midnight - unless you specify otherwise.)
	RIEF STATEMENT AS TO WHY EMPI OF 30 DAY NOTICE DUE TO INCOMI		ING SEPARATED: I.E. SEPARATION IS BASED ON
KLOLIFT	OF 30 DAT NOTICE DUE TO INCOM	AIIDILIII.	
EMPLOYE	EE MUST SIGN BELOW (BLOCK NUM	IBER 3) AND	LEAVE A FORWARDING ADDRESS (BLOCK NUMBER 5)
2. Effective Date	3. Your Signature	4. Date Signed	5. Forwarding Address (Number, Street, City, State, ZIP Code) EMPLOYEE MUST LEAVE A FORWARDING ADDRESS IN THIS
			BLOCK
PART F - R	emarks for SF 50		

PART A - Requirements 1. Actions Requested TERMINATE	nesting Office (A			t B, I	Items 1,	7-22, 3	<i>2, 33,</i> 3	36, and 39	9.)			est Numl		
3. For Additional Infor	mation Call (Name an	•										ed Effection		
5. Action Requested B	By (Typed Name, Title	, Signature, an	d Request	Date)		6. Action Authorized by (Typed Name, Title, Signature, and Concurrence Date)								
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		<i>'</i>				ement 292-1. Show all dates in month-day-year order.)								
1. Name (Last, First, I	Middle)				,,	2. Social S	ecurity Nun		3. Date o	f Birth 4	. Effec	tive Date		
I.M. EMPLOYE						123-45	-6789 D ACTI (O NI	MM-D	D-YYYY	IVIIVI-	DD-YY	YY	
5-A. Code 5-B. Nature							6-B. Nature							
5-C. Code 5-D. Legal	Authority		6-C. Code	6-D. Legal	Authority									
5-E. Code 5-F. Legal A	Authority		6-E. Code	6-F. Legal	Authority									
7. FROM: Position 1	Title and Number		15. TO: P	osition Tit	le and Numb	er								
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8. Pay Plan 9.Occ. Code		p or Rate 12. To	otal Salary		13.Pay Basis	8. Pay Plan	9.Occ. Code	18.Grade or Leve	19.Step or	Rate 20. Total	Salary	/Award	13.Pay Basi	
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14. Name and Locatio	n of Position's Organ	zation				22. Name	and Locatio	n of Position's	Organizati	on				
	NIT EMPLOYED OWELL ROAD Z 85008-3495	/ AT - I.E. /	MOF #2	<u>-)</u>										
EMPLOYEE DA														
23. Veterans Preference	3 - 10-Point/Disabilit		- 10-Point/O		-hl-/200/		0 - None	2 - Conditional	25. Agen	cy Use 2	_		ef for RIF	
2 - 5-Point 27. FEGLI	4 - 10-Point/Comper	nsable 6	- 10-Point/C	ompensa	able/30%		ant Indicato			2	9. Pay		NO terminant	
30. Retirement Plan			31. Service	e Comp.	Date (Leave)	e) 32. Work Schedule 33. Part-Time Ho Biweek Pay Pe						kly		
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1 - Competition 2 - Excepted		General ES Career	35. FL3/	E - Ex		36. Appro	priation Cod	le		3	7. Barç	gaining U	Init Status	
38. Duty Station Code		20 04:00:	39. Duty		n <i>(City - Coι</i>	ınty - State	or Oversea	s Location)						
	1		CITY,	COU		ATE (I.E		VIX, MARI	COPA, A	ARIZONA)				
40. Agency Data	41.	42.			43.		44.							
45. Educational Level	46. Year Degree	Attained 47.	Academic I	Disciplin	e 48. Functi	ional Class	49. Citiz	•	50. Veter	rans Status 5	1. Sup	ervisory	Status	
PART C - Revie	ews and Appro	vals <i>(Not t</i>	o be us	ed by	request	ina offic		USA 8 - Other						
1. Office/Function	1	als/Signature			Date		/Function		Initials/Si	ignature		D	ate	
A.						D.								
В.						Ε.								
C.						F.								
Approval: I certify proposed action is in control.	y that the information compliance with statut					Signature		J_				Approva	al Date	

	Remarks by Requesting Office sors: Do you know of additional or conflicting reaso	ons for the employe	ee's resignation/retirement?
	If "YES", please state these facts on a separate	te sheet and attach	
	FOR ADDITIONAL WORKLOAD.	PPOINTMEN	1. EXAMPLE: TEMPORARY APPOINTMENT NO LONGER
PART E - E	mployee Resignation/Retirement	Privacy Act	Statement
You are reque	sted to furnish a specific reason for your re	•	and agencies to issue regulations with regard to employment of
retirement and any future dec and may also compensation to mail you c	a forwarding address. Your reason may be of ision regarding your re-employment in the Fed be used to determine your eligibility for un benefits. Your forwarding address will be us opies of any documents you should have or to which you are entitled.	considered in deral service employment sed primarily	individuals in the Federal service and their records, while section 8506 requires agencies to furnish the specific reason for termination of Federal service to the Secretary of Labor or a State agency in connection with administration of unemployment compensation programs.
This informatio	on is requested under authority of sections 30° 5, U.S. Code. Sections 301 and 3301 authority	1, 3301, and orize OPM	The furnishing of this information is voluntary; however, failure to provide it may result in your not receiving: (1) your copies of those documents you should have; (2) pay or other compensation due you; and (3) any unemployment compensation benefits to which you may be entitled.
	_		termining possible unemployment benefits. Please be specific and
•	· ·		d of the day - midnight - unless you specify otherwise.)
	RIEF STATEMENT AS TO WHY EMPL OF 30 DAY NOTICE DUE TO INCOME		ING SEPARATED: I.E. SEPARATION IS BASED ON
INCOLII I	OF 30 DAT NOTICE DOE TO INCOM	ATIDILITI.	
EMPLOYE	EE MUST SIGN BELOW (BLOCK NUM	IBER 3) AND	LEAVE A FORWARDING ADDRESS (BLOCK NUMBER 5)
	la v	1	
2. Effective Date	3. Your Signature	4. Date Signed	5. Forwarding Address (Number, Street, City, State, ZIP Code) EMPLOYEE MUST LEAVE A FORWARDING ADDRESS IN THIS
			BLOCK
PART F - R	emarks for SF 50		

PART A - Requi 1. Actions Requested TERMINATION		Also comp	lete Par	t B, I	tems 1,	7-22, 3	2, 33, 3	36, and 39	9.)		equest Nun EAVE BL			
3. For Additional Infor	,										oposed Effec			
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		<i>,</i>				ement 292-1. Show all dates in month-day-year order.)								
1. Name (Last, First, IIII. EMPLOYE						2. Social S 123-45	ecurity Nun	nber	3. Date o		ffective Dat M-DD-Y			
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5-A. Code 5-B. Nature							6-B. Nature							
5-C. Code 5-D. Legal	Authority					6-C. Code	6-D. Legal	Authority						
5-E. Code 5-F. Legal	Authority		6-E. Code	6-F. Legal	Authority									
7. FROM: Position 1	Title and Number		15. TO: P	osition Tit	le and Numb	er								
SECRETARY (TCXXXXXXX MANNING DO	(IF KNOWN, CO	Ē												
8. Pay Plan 9.0cc. Code GS 0204	10.Grade or Level 11.Ste	p or Rate 12. To	otal Salary		13.Pay Basis	8. Pay Plan	9.Occ. Code	18.Grade or Leve	19.Step or	Rate 20. Total Sa	lary/Award	13.Pay Basi		
	12B. Locality Adj.	12C. Adj. Bas	ic Pay 12	2D. Oth	er Pay	20A. Basic	Pay	20B. Locality	Adj. 20	C. Adj. Basic Pay	20D. Otl	her Pay		
14. Name and Locatio	n of Position's Organ	zation				22. Name	and Locatio	n of Position's	Organizati	on				
	NIT EMPLOYED OWELL ROAD Z 85008-3495) A I - I.E. <i>F</i>	MASF #2	()										
EMPLOYEE DA						- 								
23. Veterans Preference 1 - None 2 - 5-Point	ce 3 - 10-Point/Disabilit 4 - 10-Point/Comper		10-Point/O		ble/30%		0 - None	2 - Conditional at 3 - Indefinite	25. Agen	icy Use 26.	Veterans Pi	_		
27. FEGLI	+ To Tolling Compar	isable c	10 1 011170	эттрепоц	1510,0070		ant Indicato			29.	YES Pay Rate De	NO eterminant		
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30. Retirement Plan			31. Servic	e Comp.	Date (Leave)	Biwe								
POSITION DAT	ΓΑ		105 5104											
34. Position Occupied 1 - Competiti 2 - Excepted		General ES Career	35. FLSA	E - Exe		36. Appro	oriation Cod	de		37.	Bargaining	Unit Status		
38. Duty Station Code		L3 Caleel	39. Duty		n (City - Cou	 unty - State	or Oversea	s Location)						
10. 4	144	140	CITY,	COU	•	ATE (I.E		NIX, MARI	COPA, A	ARIZONA)				
40. Agency Data	41.	42.			43.		44.							
45. Educational Level	46. Year Degree	Attained 47.	Academic D	Discipline	e 48. Functi	ional Class	49. Citiz	enship - USA 8 - Other		rans Status 51.	Supervisory	/ Status		
PART C - Revie	ews and Appro	vals <i>(Not t</i>	o be us	ed by	request	ing offic	e.)							
1. Office/Function	Initi	als/Signature			Date	Office	/Function		Initials/Si	ignature		Date		
A.						D.								
В.						E.								
C.						F.								
2. Approval: I certiforproposed action is in control	y that the information compliance with statu				and that the	Signature					Approv	val Date		

PART D - Remarks by Requesting Office (Note to Supervisors: Do you know of additional or conflicting reas If "YES", please state these facts on a separate	YES	NO		
PART E - Employee Resignation/Retirement				
17tt 1 Employee Hoolghatten/Hothermone	Privacy Act	Statement		
You are requested to furnish a specific reason for your retirement and a forwarding address. Your reason may be any future decision regarding your re-employment in the Fe and may also be used to determine your eligibility for us compensation benefits. Your forwarding address will be used to mail you copies of any documents you should have o compensation to which you are entitled.	considered in ederal service nemployment used primarily	and agencies to issue regulations with reg individuals in the Federal service and their reco requires agencies to furnish the specific rea Federal service to the Secretary of Labor connection with administration of unemp programs.	ords, while s ason for tel or a State doyment c	section 8506 rmination of agency in ompensation
This information is requested under authority of sections 30 8506 of title 5, U.S. Code. Sections 301 and 3301 auth	01, 3301, and orize OPM	The furnishing of this information is volunta provide it may result in your not receiving: (documents you should have; (2) pay or other col (3) any unemployment compensation benefits entitled.	1) your cop	ies of those due you; and
Reasons for Resignation/Retirement (NOTE: Your reason avoid generalizations. Your resignation/retirement is effective.)				and
STATE REASON FOR TERMINATION: I.E. EM				00-XXX.
NOTE: IF EMPLOYEE ELECTS TO TERMINAT PROVISIONS OF USERRA. EMPLOYEES DO EMPLOYEE MUST SIGNT SF 52 AND PROVID WITH THIS INFORMATION ON IT. A COPY OF	NOT RECEIVI	E THE 15 DAYS MILITARY LEAVE BENEF DING ADDRESS OR SUBMIT A LETTER	TIT OF RESIG	SNATION
2. Effective Date 3. Your Signature	4. Date Signed	5. Forwarding Address (Number, Street, City, State, ZIP of EMPLOYEE MUST LEAVE A FORWARDING		IN THIS
		BLOCK		
PART F - Remarks for SF 50				

PART A - Reque	esting Office (A	Also compi	lete Pai	rt B, I	Items 1,	7-22, 3	2, 33,	36, and 39	9 .)					
Actions Requested	•					2. Request Number LEAVE BLAN								
3. For Additional Inform	•			OF F	100RS, 4	40 HOUR	KAIVIAX	.)			sed Effect			
NAME OF PER		•								MM	-DD-Y	ΥΥΥ		
5. Action Requested By	(Typed Name, Title,	Signature, and	d Request	Date)		6. Action Authorized by (Typed Name, Title, Signature, and Concurrence Date)								
SIGNATURE AN	D TYPED NAME	, NORMALL	Y SUPE	ERVIS	OR	SIGNATURE AND TYPED NAME, NORMALLY COMMANDER								
PART B - For Prep 1. Name (Last, First, M.		(Use only	codes i	n FPM	Supplem	ement 292-1. Show all dates in month-day-year order.) 2. Social Security Number 3. Date of Birth 4. Effective Date								
I.M. EMPLOYE						123-45	,	nber	MM-DD		-DD-Y			
FIRST ACTION	_						D ACTI	ON	55					
5-A. Code 5-B. Nature	of Action							e of Action						
5-C. Code 5-D. Legal A	uthority					6-C. Code 6-D. Legal Authority								
5-E. Code 5-F. Legal A	uthority					6-E. Code 6-F. Legal Authority								
7. FROM: Position Ti	tle and Number					15. TO: P	osition Tit	tle and Numb	er					
SECRETARY (C TCXXXXXXXX (MANNING DOC	IF KNOWN, COM	MES OFF TI	HE FULI	L-TIME	E									
8. Pay Plan 9.0cc. Code 10 GS 0204	O.Grade or Level 11.Step	o or Rate 12. To	tal Salary		13.Pay Basis	8. Pay Plan	9.Occ. Code	18.Grade or Leve	l 19.Step or Ra	te 20. Total Salar	y/Award	13.Pay Basi		
12A. Basic Pay 12B. Locality Adj. 12C. Adj. Basic Pay 12D. Other Pay							20A. Basic Pay 20B. Locality Adj. 20C. Adj. Basic F					er Pay		
14. Name and Location of Position's Organization						00 No		on of Position's	0					
5636 E. MCDC PHOENIX, AZ														
EMPLOYEE DAT 23. Veterans Preference						124 Topur			[a= .	126 1/2	torono Dr	of for DIE		
1 - None 2 - 5-Point	3 - 10-Point/Disabilit 4 - 10-Point/Compen		10-Point/C		able/30%	24. Tenure 0 - None 2 - Conditional 1 - Permanent 3 - Indefinite 25. Agency Use 26. Veterans YES						7		
27. FEGLI	. To rome, compone	-	10 1 01110	- Стропо	abio, 66 76							NO terminant		
						e) 32 Work Schedule 33. Part-T]			
30. Retirement Plan			31. Servio	ce Comp.	. Date (Leave)	ye) 32. Work Schedule 33. Part-1					Biwee Pay P	ekly		
POSITION DATA	A										,			
34. Position Occupied 1 - Competitive			35. FLS	E - Ex		36. Approp	priation Cod	de		37. Ba	rgaining U	Jnit Status		
2 - Excepted S 38. Duty Station Code	ervice 4 - St	ES Career	1	y Statio	n <i>(City - Coເ</i>	,		•	2004 45	0170114)				
40. Agency Data	41.	42.	CITY,	COU	JN 1 Y , S 1	ATE (I.E	PHOE	NIX, MARI	JOPA, AF	RIZONA)				
ror rigello, Data														
45. Educational Level	46. Year Degree	Attained 47. A	Academic I	Disciplin	e 48. Functi	ional Class	49. Citiz	enship - USA 8 - Other	50. Veteran	s Status 51. Su	pervisory	Status		
PART C - Review	ws and Approv	vals (Not to	o be us	ed by	request	ing offic	e.)			' '				
1. Office/Function	Initia	als/Signature		-	Date	Office	/Function		Initials/Sign	ature		Date		
A.						D.								
В.						E.								
C.						F.								
Approval: I certify proposed action is in co						Signature					Approv	al Date		

PART D - Remarks by Requesting Office (Note to Supervisors: Do you know of additional or conflicting reason If "YES", please state these facts on a separat			YES NO
WRITE A BRIEF NARRATIVE TO JUSTIFY THE SF 52 IS REQUIRED FOR EACH PERSON. TIM OF 40 HOURS AND CANNOT EXCEED A TOTA	E OFF AWA	RDS MUST BE FOR A MINIMUM OF 8 H	
EFFECTIVE DATE FOR TIME OFF AWARD IS T FROM EFFECTIVE DATE TO USE TIME OFF AV		/AILALBE PAY PERIOD. EMPLOYEES H	IAVE ONE YEAR
PART E - Employee Resignation/Retirement			
	•	t Statement	
You are requested to furnish a specific reason for your re retirement and a forwarding address. Your reason may be cany future decision regarding your re-employment in the Fecand may also be used to determine your eligibility for uncompensation benefits. Your forwarding address will be us to mail you copies of any documents you should have or compensation to which you are entitled.	considered in deral service employment ed primarily	and agencies to issue regulations with re individuals in the Federal service and their re requires agencies to furnish the specific re Federal service to the Secretary of Labo connection with administration of unen programs.	cords, while section 8506 eason for termination of r or a State agency in
This information is requested under authority of sections 301 8506 of title 5, U.S. Code. Sections 301 and 3301 authority of sections 301		The furnishing of this information is volun provide it may result in your not receiving: documents you should have; (2) pay or other c (3) any unemployment compensation beneficentitled.	(1) your copies of those compensation due you; and
2. Effective Date 3. Your Signature	4. Date Signed	5. Forwarding Address (Number, Street, City, State, ZI.	P Codel
	Date dig.ied	EMPLOYEE MUST LEAVE A FORWARDIN BLOCK	
PART F - Remarks for SF 50			

PART A - Requ 1. Actions Requested REQUEST FO	-	Also comp	lete Pai	t B, I	ltems 1,	7-22, 3	2, 33, 3	36, and 39	9.)		I .	uest Num		
3. For Additional Infor	mation Call <i>(Name an</i>	•									1 '	sed Effecti		
5. Action Requested E	By (Typed Name, Title	, Signature, an	d Request	Date)		6. Action Authorized by (Typed Name, Title, Signature, and Concurrence Date)							te)	
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	•	0 (Use only	codes ii	n FPM	Supplem	ment 292-1. Show all dates in month-day-year order.) 2. Social Security Number 3. Date of Birth 4. Effective Date								
1. Name (Last, First, I	viidale)					2. Social S	security Nur	riber	S. Date	OIDIILI	4. Elle	ctive Date		
FIRST ACTION	l					SECON	D ACTIO	ON						
5-A. Code 5-B. Nature	e of Action					6-A. Code	6-B. Natur	e of Action						
5-C. Code 5-D. Legal	Authority					6-C. Code	6-D. Legal	Authority						
5-E. Code 5-F. Legal	Authority		6-E. Code	6-F. Legal	Authority									
7. FROM: Position	Title and Number		15. TO: P	Position Tit	tle and Numb	er								
SECRETARY (TCXXXXXXXX MANNING DOO	(IF KNOWN, CO	≣												
8. Pay Plan 9.Occ. Code	10.Grade or Level 11.Ste	p or Rate 12. To	otal Salary		13.Pay Basis	8. Pay Plan	9.Occ. Code	18.Grade or Leve	el 19.Step	or Rate 2	20. Total Salar	y/Award	13.Pay Basi	
GS 0204	06						_							
12A. Basic Pay 12B. Locality Adj. 12C. Adj. Basic Pay 12D. Other Pay						20A. Basic	c Pay	20B. Locality	Adj.	20C. Ad	lj. Basic Pay	20D. Oth	er Pay	
14. Name and Location	on of Position's Organ	zation				22. Name	and Location	on of Position's	organiza	ation				
5636 E. MCD	NIT EMPLOYED OWELL ROAD Z 85008-3495) A I - I.E. <i>I</i>	AASF #2	<u>2)</u>										
EMPLOYEE DA														
23. Veterans Preferen	3 - 10-Point/Disabilit		- 10-Point/O				0 - None	2 - Conditiona	25. Ag	ency Us	<u> </u>	terans Pre	7	
2 - 5-Point 27. FEGLI	4 - 10-Point/Comper	nsable 6	- 10-Point/C	ompensa	able/30%		tant Indicate	or 3 - Indefinite				ES y Rate De	NO terminant	
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30. Retirement Plan			31. Service	e Comp.	Date (Leave)	re) 32. Work Schedule 33. Part-Time Hou Biweekl Pay Peri						kly		
POSITION DAT 34. Position Occupied			35. FLS/	\ Cateo	10rv	100 4		1.			loz p.		Leit Charles	
1 - Competiti 2 - Excepted	ive Service 3 - SES	General ES Career	55.125/	E - Ex		36. Appro	priation Cod	е			37. Ba	rgaining C	Init Status	
38. Duty Station Code			1 '	/ Statio	n <i>(City - Coເ</i>	,		s Location) NIX, MARI		Λ D I 7	ONA)			
40. Agency Data	41.	42.	CITT,	COC	43.	A1L (I.L	44.	INIX, IVIAINI	COFA	, AINIZ	JOINA)			
45. Educational Level	46. Year Degree	Attained 47.	Academic [Disciplin	e 48. Functi	ional Class	49. Citiz	enship - USA 8 - Other		terans S	tatus 51. Su	pervisory	Status	
PART C - Revie	1		o be us	ed by						10 1				
1. Office/Function	Initi	als/Signature			Date		/Function		Initials	/Signatur	e	D	ate	
A.						D.								
В.						E.								
C.					F.									
Approval: I certif proposed action is in control	y that the information compliance with status					Signature						Approv	al Date	

(Note to Supervi	If "YES", please state these facts on a separa		•	YES	NO
SELECTIN	IG SUPERVISOR: PERSON WHO W				
	MILITARY GRADE IF POSN BEING A				
AFSC/MO	S: SELF EXPLANATORY		,		
	CONSIDERATON: I.E. NATIONWIDE	•	•		
			ANT ADDED TO THE ANNOUNCEMENT. I	.E.	
ENGINEE	RING DEGREE IS REQUIRED, THIS I	POSITION SU	IBJECT TO ROTATING SHIFTS		
PART E - E	mployee Resignation/Retirement	Privacy Act	Statement		
Vou are reque	sted to furnish a specific reason for your r	•	and agencies to issue regulations with regar	rd to am	unloyment of
retirement and	a forwarding address. Your reason may be	considered in	individuals in the Federal service and their record	ds, while s	section 8506
	ision regarding your re-employment in the Fe be used to determine your eligibility for ur		requires agencies to furnish the specific reas Federal service to the Secretary of Labor o		
compensation	benefits. Your forwarding address will be u	sed primarily	connection with administration of unemplo		
	opies of any documents you should have on to which you are entitled.	r any pay or	programs.		
•	n is requested under authority of sections 30	1 2201 and	The furnishing of this information is voluntary provide it may result in your not receiving: (1)		
	5, U.S. Code. Sections 301 and 3301 authors		documents you should have; (2) pay or other com	pensation	due you; and
			(3) any unemployment compensation benefits t entitled.	o which	you may be
1 Reasons fo	r Resignation/Retirement (NOTE: Vour reason	ne are used in de	termining possible unemployment benefits. Please b	e specific	and
			d of the day - midnight - unless you specify otherwise		
2. Effective Date	3. Your Signature	4. Date Signed	5. Forwarding Address (Number, Street, City, State, ZIP Co.	ode)	
2. 2	or roar eignature	Date digited	or remaining reactions prainted to the second only detailed in the	40,	
PART F - R	emarks for SF 50				

PART D - Remarks by Requesting Office